



GOVT PUBNS

ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND RELATED MATTERS.

Hearing held 8th floor 180 Dundas Street West Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence for

April 3, 1984

VOLUME 124

OFFICIAL COURT REPORTERS

Angus, Stonehouse & Co. Ltd., 14 Carlton Street, 7th Floor, Toronto, Ontario M5B 1J2



1 ROYAL COMMISSION OF INQUIRY INTO CERTAIN DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND RELATED MATTERS. 2 3 4 Hearing held on the 8th Floor, 180 Dundas Street West, Toronto, 5 Ontario, on Tuesday, the 3rd day of April, 1984. 6 7 8 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner 9 THOMAS MILLAR - Administrator 10 MURRAY R. ELLIOT - Registrar 11 12 13 APPEARANCES: 14 P.S.A. LAMEK, Q.C.) Commission Counsel E. CRONK 15 Counsel for the Attorney T.C. MARSHALL, Q.C.) General and Solicitor General D. HUNT 16) of Ontario (Crown Attorneys L. CECCHETTO and Coroner's Office) 17 Counsel for The Hospital for I.J. ROLAND) Sick Children 18 M. THOMSON) R. BATTY 19 Counsel for The Metropolitan B. PERCIVAL, Q.C.) Toronto Police D. YOUNG 20 Counsel for numerous Doctors K. CHOWN 21 at The Hospital for Sick Children 22 Counsel for the Registered F. KITELY Nurses' Association of Ontario 23 and 35 Registered Nurses at The Hospital for Sick Children 24 (Cont'd) ... Digitized by the Internet Archive in 2024 with funding from University of Toronto



| 1 | APPEARANCES: (Contin | ued) |
|----------|---------------------------------|---|
| 2 | H. SOLOMON | Counsel for The Ontario Registered Nursing Assistants |
| 4 | J. SOPINKA, Q.C.) D. BROWN) | Counsel for Susan Nelles - Nurse |
| 5 | G.R. STRATHY) E. FORSTER) | Counsel for Phyllis Trayner - Nurse |
| 6 | M. ROSENBERG | Counsel for Sui Scott - Nurse |
| 7 | J.A. OLAH | Counsel for Janet Brownless - R.N.A. |
| 8 | B. JACKMAN | Counsel for Mrs. M. Christie - R.N.A. |
| 10 | M. MANNING, Q.C.) S. LABOW) | Counsel for Mr. & Mrs. Gosselin, Mr. & Mrs. Gionas, Mr. & Mrs. Inwood, Mr. & Mrs. Turner, Mr. & |
| 11 | | Mrs. Lutes, and Mr. & Mrs. Murphy (parents of deceased children) |
| 12 13 | F.J. SHÀNAHAN | Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and |
| 14 | | Heather Dawson (mother of deceased child Amber Dawson) |
| 15 | W.W. TOBIAS | Counsel for Mr. & Mrs. Hines (parents of deceased child Jordan Hines) |
| 16 | | |
| 17 | J. SHINEHOFT | Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai) |
| 18 | | |
| 19 | | |
| 20 | | |

VOLUME 124



INDEX OF WITNESSES

NAME

NELLES, Susan; Resumed

Examination by Mr. Lamek
Cross-Examination by Mr. Strathy

8126

8126

8337

INDEX OF EXHIBITS

| No. | Description | Page No. |
|-----|---|----------|
| 392 | Notes prepared by Susan Nelles re. death of Allana Miller. | 8263 |
| 393 | Handwritten notes prepared by Susan Nelles the 19th of March, 1981. | 8273 |

M/ak

4 5

--- Upon commencing at 10:00 a.m.

THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Thank you, sir.

SUSAN NELLES, Resumed

EXAMINATION BY MR. LAMEK: (Continued)

Q. Miss Nelles, at the end of the day yesterday we were discussing the death of Baby Gosselin you will remember. Before I go on to other children who died on the ward, I would like to go back if I may to a couple of other matters which we mentioned yesterday.

First with respect to constant and shared care assignments you told me that, as I guess we had already heard from prior witnesses,

when a nurse who was on such an assignment was relieved for a break it was by another registered nurse.

A. Usually, yes.

Q. Well, I had undestood you to say yesterday for a break it was always by an RN - on the night shift?

A. Not necessarily. It would be ideal that an RN should relieve an RN for constant care but if for some reason there wasn't enough staffing on the floor, in other words, the team

| 4 | П |
|---|---|
| ı | ŀ |
| 4 | ۰ |
| | |

3

4

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

thank you.

22

23

24

25

leader was busy for instance and she was the only other RN on the floor.

Q. Yes.

 $\hbox{A.} \qquad \hbox{Then there may be a necessity}$ for an RNA.

Q. Okay. Do you recall any occasion that night in the period about which we are talking where you had a constant or shared care nursing assignment and you were relieved for a break by someone other than an RN?

A. In the time that we have talked about so far?

Q. Yes.

A. I don't remember, no.

Q. Okay.

THE COMMISSIONER: I am sorry, I have to know what that means. Does that mean that you don't remember whether or not or does it mean you don't remember an occasion?

THE WITNESS: I don't remember an occasion.

THE COMMISSIONER: That's fine,

MR. LAMEK: Q. But you were unable to recall yesterday who it was who had relieved you



TORONTO, ONTARIO

1

2

3

4 5

6

7 8

9

10 11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

on a couple of occasions that we did look.

- I don't remeber at all, no.
- Are you able to tell me on Q. the occasions when you were providing constant or shared care nursing who usually relieved?
- I really don't think there A. was a set pattern.
- Okay. We talked yesterday too about Antonio Adamo, you will remember he died October 19th in the afternoon about 5:45 in the afternoon and we agreed yesterday you were not on duty at the time of that death?
 - Α. That's right.
- I asked you whether you recalled 0. any discussion of surprise or puzzlement about the child's death and I think you told me that no you did not.
 - That's right. Α.
- Do you have any recollection 0. of Phyllis Trayner ever expressing to you, or in your hearing to anyone else, any concern about Adamo's death?
 - I don't recall that, no. Α.
 - Or indeed anybody from 4A/B? 0.
 - No, I don't. Α.



| 4 | | |
|---|---|--|
| ь | | |
| в | | |
| | - | |
| | | |
| | | |
| | | |

3

4 5

6

7

8 9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

| | Q. | Okay. | We | talked | too a | abou | it |
|---------------|------------|--------|-------|--------|-------|------|------|
| what I call t | the prepar | cation | of a | rrest | drugs | aga | inst |
| the possibil: | ity of an | arres | t occ | urring | and y | you | said |
| you recall th | nat having | g been | done | once, | perha | aps | |
| twice. | | | | | | | |

- A. Right.
- You couldn't recall the Q.

children?

ANGUS, STONEHOUSE & CO. LTD.

- A . Right.
- Do you recall whether on the occasion or occasions that you do recall you were working a day or a night shift?
- A. The occasion that I specifically, or that I remember something to the effect of drugs being prepared beforehand was at night.
 - I'm sorry, was at --
 - Was at night.
- Thank you. And on that occasion, albeit you cannot remember the child in question, it was Mrs. Trayner that you saw do that vou said.
- A. I recall her saying that she was going to prepare some of the emergency drugs and I recall seeing her bring a tray in, yes.
 - Q. And thereafter that shift



4

6

5

7

8 9

10

11 12

13

14

15

16

17 18

19

20 21

22

24

23 25

did a patient in fact arrest and die?

Α. I don't think so but again I can't be sure.

Q. All right. And I take it: you have no recollection as to the interval of time that elapsed between her preparing the drugs and the arrest if one occurred?

No, I'm sorry, I don't.

Now, we had a question yesterday, Miss Nelles, when we looked at the Philip Turner chart, in particular the medication sheet, and I said I would take a look at the original which is rather more legible and perhaps we can look at it together. I can't direct you to a page reference there, Mr. Commissioner.

THE COMMISSIONER: I'm sorry, which chart are we on?

MR. LAMEK: Philip Turner.

THE COMMISSIONER: This was the

medication chart?

MR. LAMEK: The medication sheet in the Philip Turner chart, yes, sir.

You will remember, Miss Nelles, that we were puzzled because against the digoxin order there appeared to be four times for





| 32 | 0 | |
|-----|---------|--|
| 3/6 | | |
| | ER 1º | |
| 1 | | |
| 1 | | |
| 4 | 0 | |
| | ~ M B - | |

| 1 | |
|---|--|
| | |

4 5

6

7

8 9

10

11

12 13

14

15

16

17

18 19

20

21

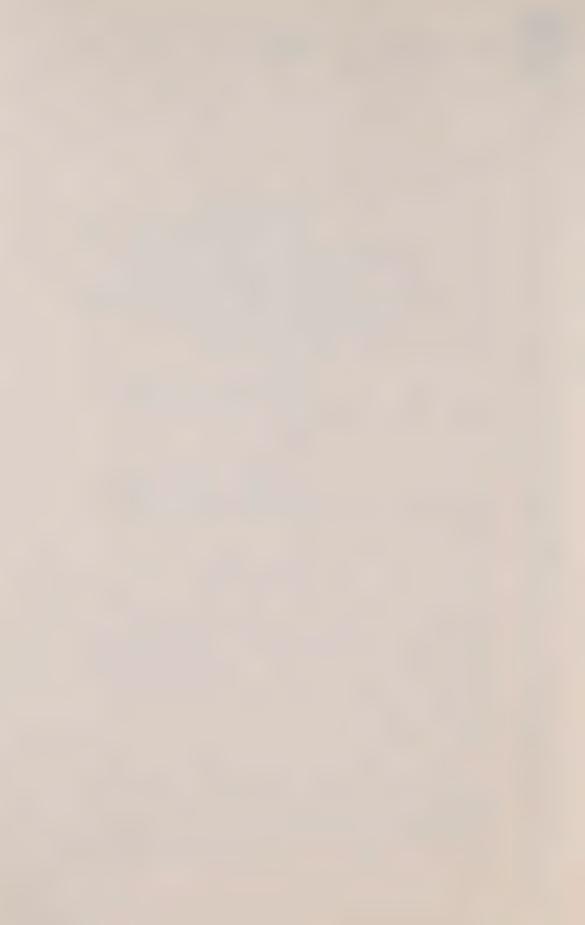
22 23

24

administration?

TORONTO, ONTARIO

- That's right.
- In fact, when we look at the legible original it appears does it not that on the medication sheet the initial digoxin order on the left hand page as we are looking at it written on, what is that, the 27th of July?
 - Α. Yes.
- Q. Was for .005 milligrams of digoxin IV twice per day?
 - A. Right.
- And that I take it was an 0. administration that nurses were not permitted to make?
 - That's right. Α.
- And then there are times 0. listed in the time column, 0300, and the next line has the word 'checked' and then 1500 and below that 'checked'. Now, can you help us please as to why there is a line for 'checked' on the medication sheet?
- I'm not exactly sure why that A. is written there, I can only surmise that perhaps they meant either that because it was being given intravenously that you would sign your name although



2

3

4 5

6

7

8

10

11

12

13

14

15

16

17

it.

18

19

20

21

2223

24

25

it would be given by the physician. So, in other words, it would be checked or that before you actually administer the medication perhaps in each instance you were to check with the physician before giving it.

Q. Well, let's go back. You wouldn't be giving it, would you, and by you I mean the nurses? If it was an IV administration you couldn't administer that?

A. Right, but you would draw it up and have it ready.

Q. Okay.

THE COMMISSIONER: We went through this way back when I remember because I think the later system did have two lines where two nurses had to sign in for these administrations.

THE WITNESS: We always had to do

THE COMMISSIONER: You always had to do it but you didn't always have to sign the two names?

THE WITNESS: Right.

THE COMMISSIONER: But I think afterwards, perhaps after this period. But you say the word is checked, is it?



ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

1

2

3

4

5

6 7

8

9 10

11

12

13 14

15

16

17

18 19

20

21 22

23

24

25

THE WITNESS: Yes.

MR. LAMEK: Yes, it is.

THE COMMISSIONER: There is certainly no 'ed', and I'm looking at page 140 on mine, that may not be the same.

MR. LAMEK: If you look back on the previous page, sir, you are quite right on page 140 the word is 'checked' but on page, I assume it is the preceding page in yours as it is here, the word is 'checked'. But it appears does it not that certainly for the order written on the 27th of July the administrations were to be IV at 3 o'clock in the morning, 3 o'clock in the afternoon.

THE WITNESS: That's right.

MR. LAMEK: O. And each dose was to be checked?

Right.

All right. And then when we go to the next page there is an order written on July 28 and the route of administration has now been changed, the same dose has now been given by mouth twice a day. Once again the times appear to be the same, 0300 and 1500 and each is to be checked. It appears that on the 28th, at least in the afternoon of that day, the 3 o'clock dose was given



2

3

5

6

7 8

9

10

11 12

13

14

15

16

17

18 19

20

21

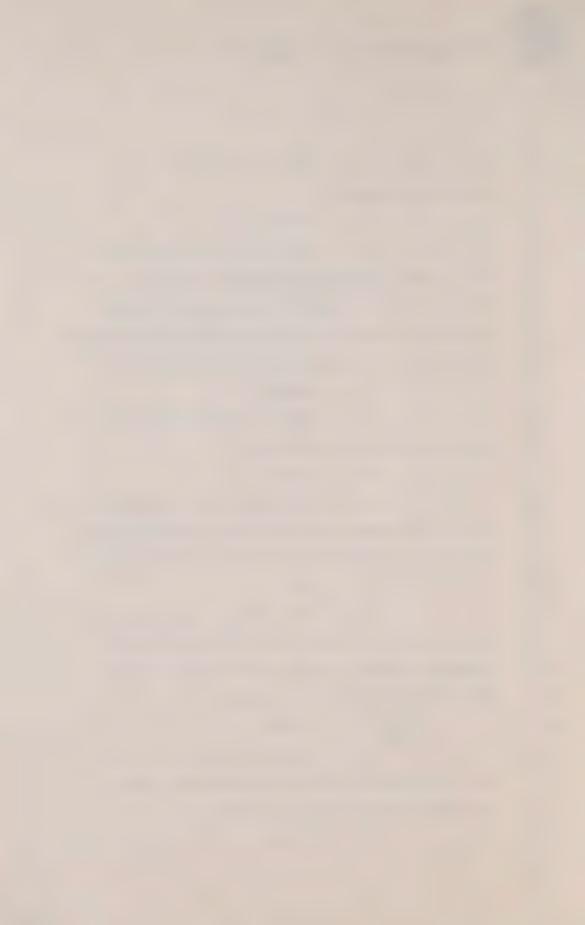
22

24

2425

and signed off and a separate signature appears against the check.

- A. Right.
- Q. And then in the afternoon on the 29th digoxin was apparently held, as it was for both doses on the 30th, and then it appears does it not that on the 31st the times were changed to the usual times of 9:00 a.m. and 9:00 p.m.
 - A. Right.
- Q. And it was you who signed for the 9:00 p.m. administration?
 - A. Right.
- Q. But there does not appear to be any requirement at that stage, or any compliance for any requirement for a signature of checking?
 - A. No.
- Q. And indeed as we have understood it at that stage oral administrations of digoxin, although the dose was checked, did not have to be signed by two nurses?
 - A. Right.
- Q. Okay. Well, we may not greatly have resolved the mystery but we have briefly clarified the writing on the page.
 - A. Right.



TORONTO, ONTARIO

| 4 | |
|---|--|
| 1 | |
| | |
| | |

2

3

4 5

6

7 8

9

10

11

12 13

14

15

16

17

18

19 20

21

22

23

24

25

0. Now, can we go back then to the chronological march through the deaths, Miss Nelles? We saw reference in the communications book yesterday to nurses stating a preference for time off, Christmas or New Year.

> Α. Yes.

And I take it that was the normal order of things, you would see whether you wanted to take the Christmas break or the New Year

> Α. Yes, you usually put your

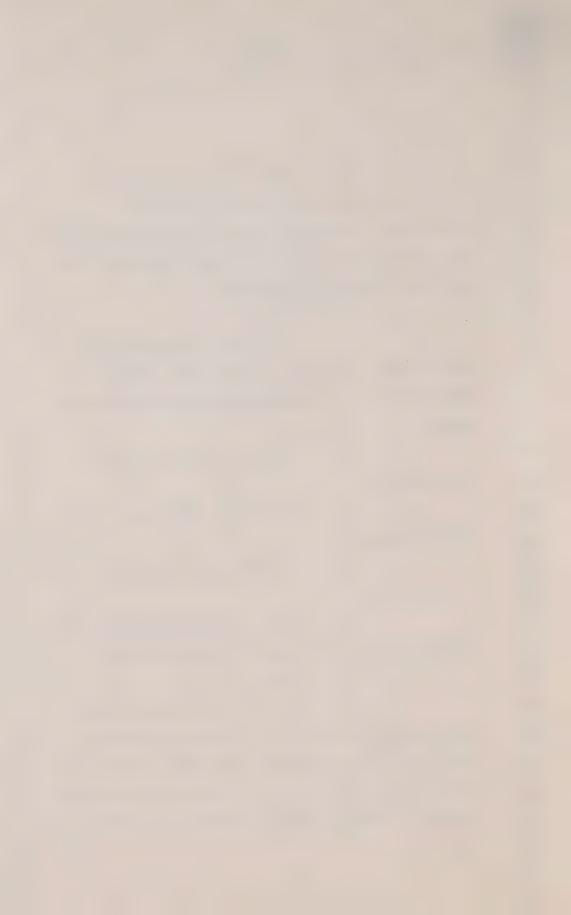
All right. Was that a 0. seniority system?

I think that is primarily how Α. it worked, yes.

O. Okay. In 1980 as I understand it you chose to take time off during Christmas?

> Right. Α.

And you were away from the ward I believe and from the Hospital presumably from the morning of December 18th when you came off the long night shift until the evening of Saturday, December 27 when you came on duty. Do I have that correctly?



ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

| 2 | |
|----|--|
| 3 | The state of the s |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |

| A. | To my | recol | lectio | n, y | es. |
|----|-------|-------|--------|------|-----|
| 0 | 717 ~ | i ~h+ | 17077 | 4 | £ |

we call refer to the WIN sheets which is where my information comes from if you do want to check

A. I'm sure you're right.

In fact, there are two sheets for the week December 15 to December 21 and the second in my collection of the WIN sheets is crossed but. The first one seems to be the applicable one.

A. Right.

Q. It appears does it not for the week of December 15 to 21 you worked the long nights of December 17 and 18?

That's correct.

O. I'm sorry, you went off then the morning of the 19th not the 18th, you were quite right to check.

A. Yes.

O. You were not scheduled for work again that week and in the following week, the week of December 22nd, you took two statutory holidays?

That's right.

On the Tuesday and Wednesday and a floating holiday on the Thursday?

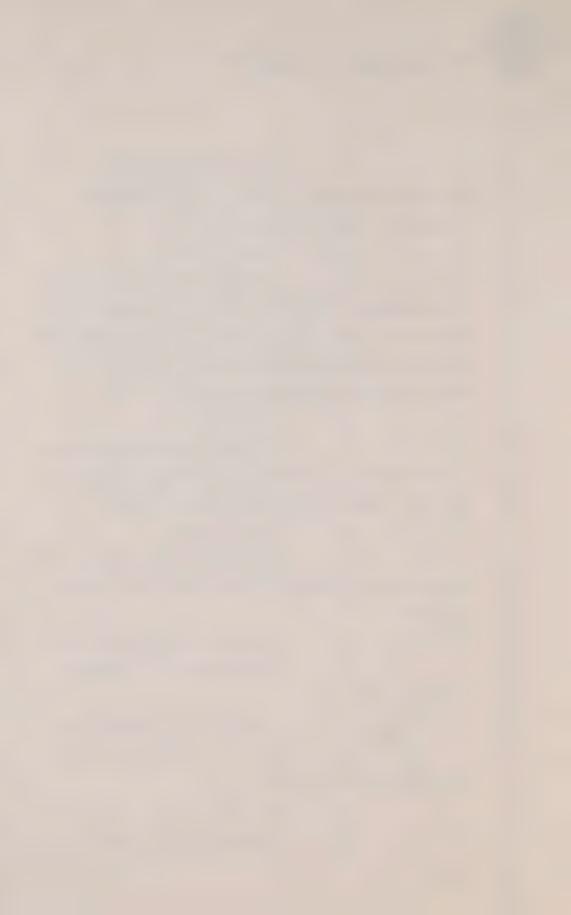
> Right. A .





| В | | | |
|----|---|---|---|
| OP | / | C | r |

| 1 | |
|----|---|
| 2 | Q. You were not scheduled to work |
| 3 | on the Friday and you came into work Saturday |
| 4 | evening for the long night shift? |
| 5 | A. That is right. |
| | Q. As events turned out for you |
| 6 | subsequently, that was a very happy choice of time |
| 7 | off for you, was it not, because you were away from |
| 8 | the Hospital when Stephanie Lombardo died in the |
| 9 | early hours of December 23rd, were you not? |
| 10 | A. Yes, I was. |
| 11 | Q. And when Jesse Belanger died |
| 12 | in the evening of December 28 about 8 o'clock you |
| 13 | had just come on long night duty I believe? |
| | A. That is right. |
| 14 | 70-7 |
| 15 | care of Jesse Belanger in the final stages of that |
| 16 | |
| 17 | A. That is my recollection, yes. |
| 18 | Q. Where were you on December |
| 19 | 22 and December 23? |
| 20 | A. I was at home in Belleville. |
| | Q. Were you in Toronto at all |
| 21 | on either of those days? |
| 22 | A. No, I was not. |
| 23 | Q. Belanger, we know from the |
| 24 | |





ANGUS. STONEHOUSE & CO. LTD. Nelles, ex. (Lamek)

| 1 | |
|----|--|
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |

chart, had been transferred into the ward from
Ward 7G on the afternoon of December 28th and therefore had not been on 4A the previous night when you
had worked. Is that right?

- A. Right.
- Q. Do you have any recollection of the Lombardo child?

No, I do not.

- Q. And Belanger so far as I can see, you had no contact with at any time?
- A. I may have assisted with the arrest because it had occurred at change of shift and we may have helped to some extent indirectly, but I don't recall
- Q. Other than that you cannot recall any contact you ever had with either of the children?
 - A. That is right.
- Q. I take it therefore, Miss

 Nelles, that it is your evidence that if digoxin

 was administered to either of those patients, or

 found in the body of either of those patients, you

 had nothing to do with its being there?
 - A. That is right.

THE COMMISSIONER: Did you ever have



2 3

4

5 6

7

8 9

10

11

12

13

14

15 16

17

19

18

20 21 |

22

23

24

any difficulty, Miss Nelles, confusing digoxin with anything else?

THE WITNESS: No, sir.

MR. LAMEK: Q. During the period of your vacation, the 19th to the 27th, were you in the ospital at all, Miss Nelles?

No, I was not.

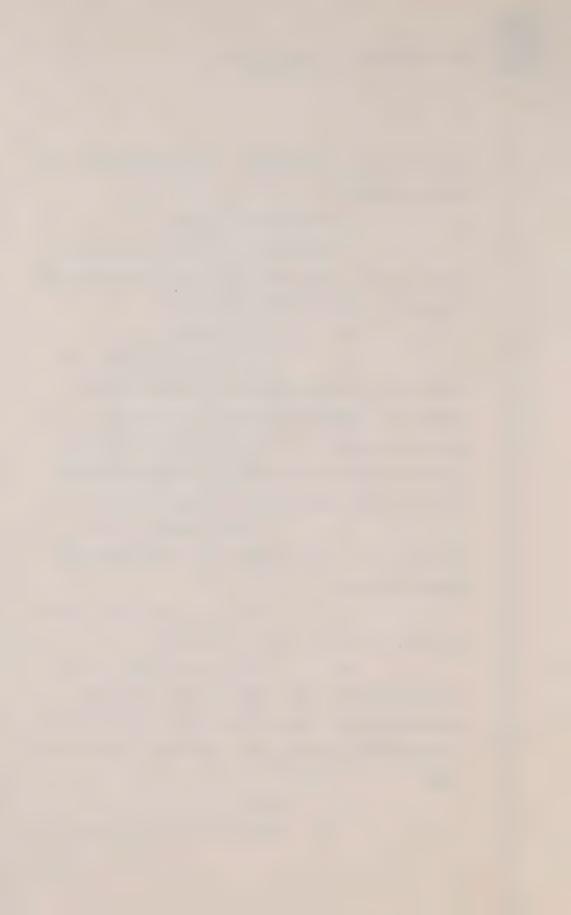
Now we have heard that the wards were combined over the Christmas period. There was a smaller population of patients and a smaller complement of nurses on duty. What is your recollection as to when the wards separated again and went back to their normal operation?

I cannot remember exactly when it was. I don't recall that the wards were separated before I left.

Sorry, you mean merged before you left - you left before Christmas.

Sorry, merged, yes. I don't recall that they were joined before the 19th. I certainly recall that on the nights of the 27th and the 28th that I worked that they were joined at that time.

- Yes. 0.
- But I can't recall exactly A.



24

25

| | 1 | | |
|---|----|------------------------|--------------------------------|
| 4 | 2 | when they separated a | again. |
| | 3 | Q. | I take it it would be short! |
| | 4 | after the new year? | |
| | 5 | Α. | I would think so, yes. |
| | | Q. | Certainly by the time Janice |
| | 6 | Estrella died on Janu | mary the 11th, the wards were |
| | 7 | back in their normal | operation? |
| | 8 | Α. | Yes. |
| | 9 | Q. | Two separate wards? |
| | 10 | Α. | Yes. |
| | 11 | Q. | She died a little after 3 |
| | | o'clock in the morning | ng of January the 11th and you |
| | 12 | were not on duty at t | the time of her death? |
| | 13 | Α. | That is right. |
| | 14 | Q. | You were not on duty at the |
| | 15 | time she got into dif | fficulties during that night |
| | 16 | shift? | |
| | 17 | Α | No. |
| | 18 | Q. | You had however worked the |
| | | long day shift of Jan | nuary 10th? |
| | 19 | Α. | That is right. |
| | 20 | Q. | During that day shift, had |
| | 21 | you had anything to d | do with Estrella? |
| | 22 | Α. | No, I had not. |

Q. We are now into a different





2

4

3

5

6 6

8 9

10

11 12

13

14 15

16

17 18

19

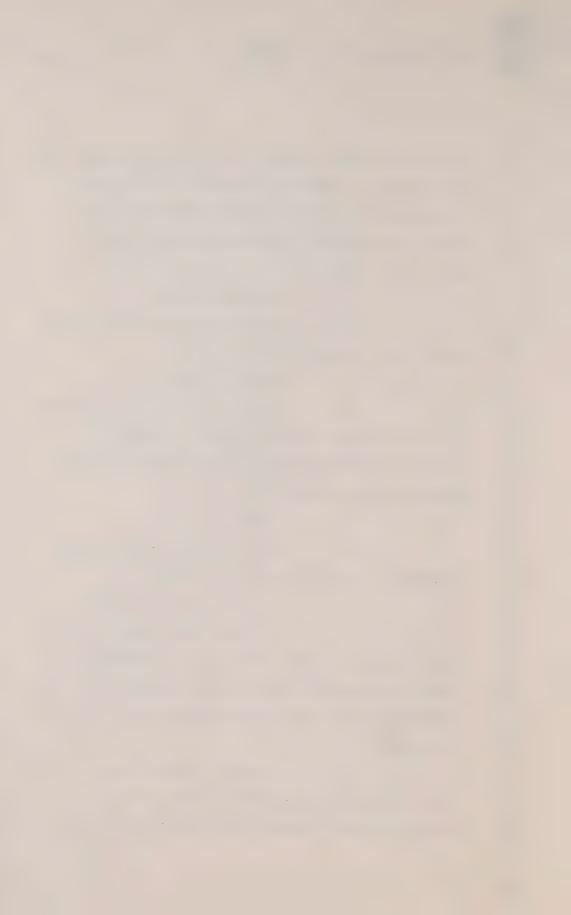
20 .

21 22

23 24

assignment book. We are now looking at Exhibit 32A and at Tab 13. That is at page 39 of that tab. appears from the day shift assignments that Gloria Ganassin was providing constant care to Estrella in Room 423.

- A. That is right.
- That as we know was a single coom, just one child in the room.
 - A. That is right.
- And you it seems were assigned in the morning to three children in Room 418. In the afternoon there was an added starter, you had four patients, did you not?
 - Α. Yes.
- Do you recall seeing Janice Estrella at all during the day shift?
 - Α. I don't really remember.
- Do you recall whether you had any impression either from your own observation or from conversation with Ganassin or anyone else, any impression as to the child's condition during the day shift?
- I think I would have been told A. that she had had an episode a couple of days previous to that and that she required - that was



5

9

11

12

13

1415

16

17

18

19

20

21

22

24

2425

| :ne | reason | she | was | on | constant | care. |
|-----|--------|-----|-----|----|----------|-------|
| | | | | | | |

Q. What is the episode you are referring t

A. I believe on the 6th or the 7th br January a code - I am not sure whether it was a Code 23 or Code 25 - was called, and I remember being informed that that occurred.

Q. We know that as of the 7th f January that Baby Estrella was not supposed to the peive any digoxin. Is that your understanding?

A. I know that now, yes.

Q. You did not know that at the

time?

A. I don't think so, no.

Q. Were you aware at the time that on January the 7th she had been discovered to have a very high digoxin serum level?

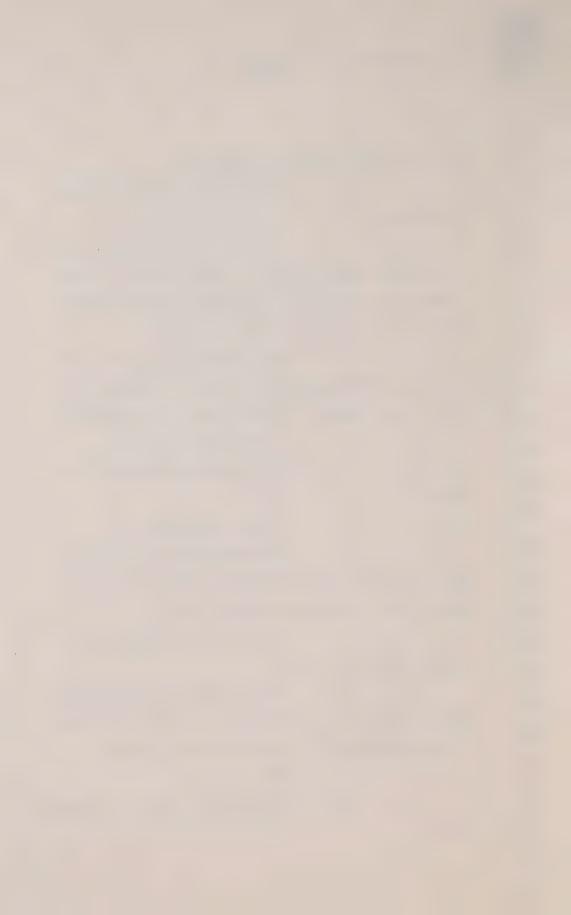
A. Again I am not sure whether I knew that then or not.

Q. But you were aware that she had had an incident on the 6th or 7th and had been in rather severe difficulties at that time?

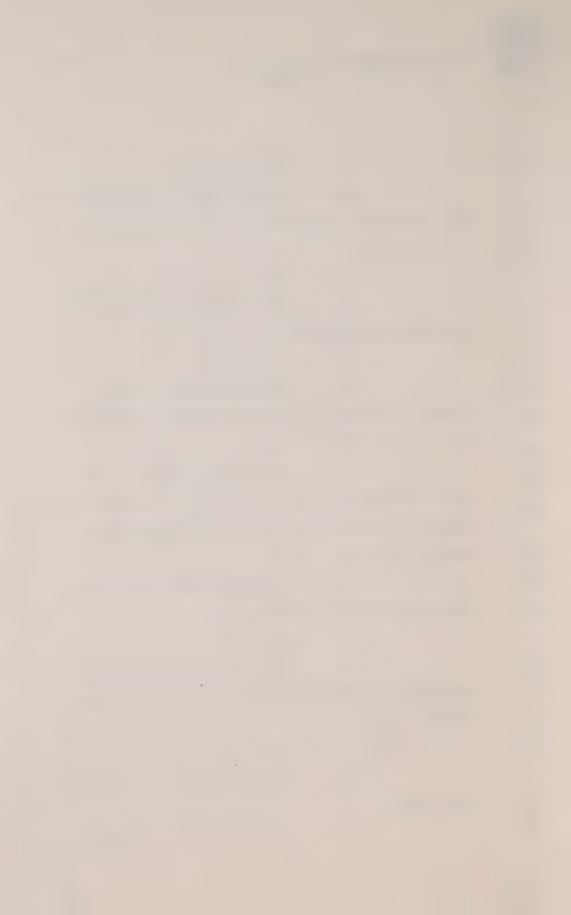
A. Yes.

Q. And had since been on constant

care?



| WEMBER . | ANGLIS STONEHOUSE & CO. LT TORONTO ONTARIO | Nelles (Lamek) | ex. | 8143 |
|----------|---|-------------------|--------------------|----------|
| 1 | | | | |
| 2 | Α. | That | is right. | |
| 3 | Q. | Othe | r than that, did | you have |
| 4 11 | any feel for or : | impression | of her condition | on |
| ; 5 | January 10th? | | | |
| 6 | Α. | No. | | |
| | Q. | Had | you ever cared for | r her |
| 7 | orevious occas | sions? | | |
| 8,, | Α. | Yes, | I had. | |
| 9 | Q. | Can | you recall how los | ng |
| 10 | | | e assignment book | but - |
| 11 | orior to the 7th | | | |
| 12 | Α. | | lieve it was. I | |
| 13 | | | care but I believe | |
| , 14 | _ | | 6th of January th | at 1 |
| 15 | looked after her | | ainly not in the | lact |
| | Q. three or four day | | | Last |
| 16 | A. | No. | ±±±0 ° | |
| 17 | Q. | | was my understand | ding. |
| 18 | | | th the parents of | |
| 19 | child? | | - | |
| 20 | Α. | Yes, | I had. | |
| 21 : | Q. | Can | you tell me how th | hat had |
| 22 | come about? | | | |
| 23 | Α. | Agai | n I believe it was | s the |
| | | | | |
| 24 | | | | |



| 1 | 1 |
|---|---|
| 4 | L |
| | |
| | |

3

5 !

7

8

10

11

12

13

1415

16

17

18

19

20

2122

23

24

25

5th or 6th of January when I was looking after Janice.

Q. Yes.

A. The father had come in both days and I believe at that time he told me that the mother herself was not well and he came in himself and helped to feed Janice.

Q. I would infer from that the father seemed to be very involved in the child and

A. He was. Baby Estrella was a very difficult child to feed and the father did a rery good job of being patient and continuing to try very hard with her.

Q. You worked as I understand it the long day shift again on January the 11th?

A. Right.

Q. I believe that is so?

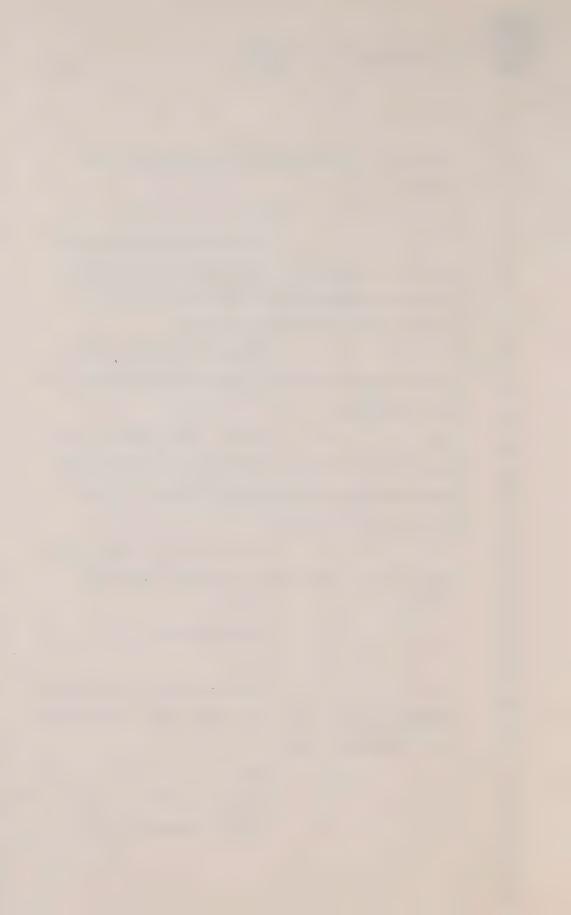
A. Yes.

Q. When you came in for work that morning did you learn then that Janice Estrella had died during the night?

A. Yes.

Q. Did that cause you any surprise?

A. I don't remember that it did,





| Total Security of the Security | | | | |
|--|-----------------|------------|----------------|---------------------|
| 1 | | | | |
| 2 | no. | | | |
| 3 | Q | 2 - : | Because of wha | at you understood |
| 4 | her prior condi | tion to | have been in | the previous |
| 5 | episode and the | consta | nt care nursin | ng and so on? |
| 6." | A | 4. | I think those | factors were |
| 7 | involved, yes. | | | |
| 1 | Q | 2. | That all sugge | ested to you |
| 8 | that the child | was in | a rather preca | arious condition? |
| 9 " | A | 4. | Yes, it did. | |
| 10 | Ω | 2. | Therefore you | were not greatly |
| 11 | surprised when | you lea | rned of her de | eath on the morning |
| 12 | of January the | llth? | | |
| 13 | A | A | I don't recall | being surprised, |
| į. | no. | | | |
| 14 | Ω | 2. | I take it that | in light of the |
| 15 | events of and f | followin | g March 27, 19 | 81 you have done |
| 16 | your utmost to | remembe | r anything you | can about the |
| 17 | Baby Estrella? | | | |
| 18 : | A | <i>A</i> . | Yes, I have. | |
| 19 | Q | 2. | Have you now t | cold me everything |
| Ir Ir | that you have b | een abl | e to recall ab | oout that child? |
| 20 4 | A | A | The only other | thing that I |
| 21 | really recall w | vas on t | ne day that I | worked, the 10th |

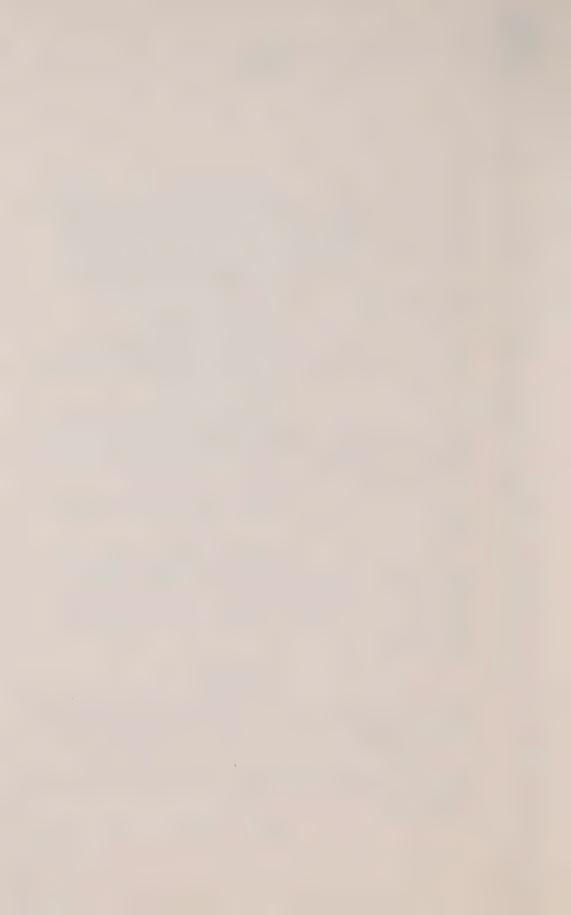
Yes. Q.

24

22

23

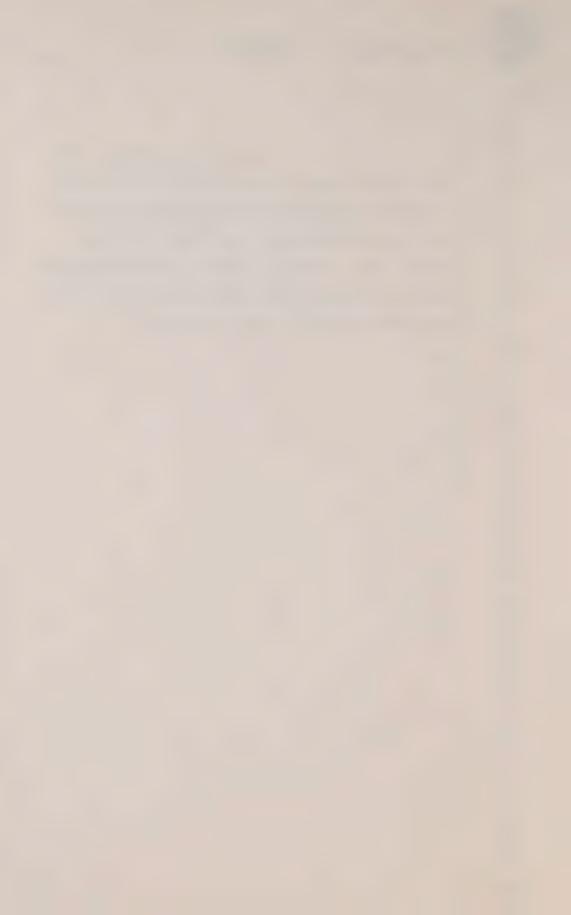
of January.





7 8

A. I distinctly remember that I took my break that day with Gloria Ganassin and the reason I remember that is because Gloria and I did not work together very often and I just remember that we were on the same lunch and coffee breaks and it was my recollection that Mary Cooney relievedGloria when we went to breaks.



| , | | |
|---|--|--|
| | | |

2 THE COMMISSIONER: Mary Cooney? 3 THE WITNESS: Right. That is an incident when an RNA relieved an RN. 4 MR. LAMEK: Q. Okay, that was during 5 the day shift of course? 6 Right. 7 Now, you had not worked on the 8 9th of December, oh, the 9th of January I am sorry. 9 Was his a worked the long day on the 8th, and you had not worked on the 7th, and I am looking 10 at the WIN sheets, so you should get the same 11 information from there too. 12 You say the 7th and the 8th? Α. 13 The 7th you did not work? 14 A. Right. 15 The 8th you worked the long 0. day and the 9th you did not work. 16 Right. A. 17 And then as we know you worked 18 long days on the 10th and the 11th. 19 A. Right. 20 Did you at any time after Q. January the 7th, 1981 administer any drug at all 21

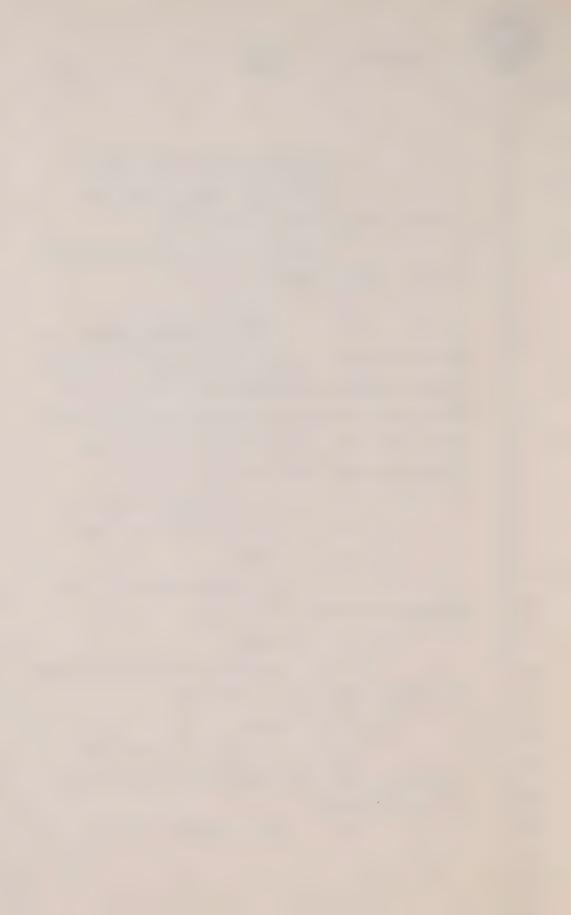
A. No, I did not.

24

22

23

to Janice Estrella?



2

1

3 4

5

7

8

٠,

9 101

11 12

13

14 15

16

17

18 19

20

21 22

23

| 24 | |
|----|--|
| 25 | |

| | | | Q. | | To | your | kno | wledge, | to | the | best |
|-----|-------|--------|------|------|------|------|------|----------|------|-------|------|
| of | your | inform | mati | lon, | did | anyb | ody | adminis | ter | dig | oxin |
| to | that | child | in | that | pe: | ciod | from | n Januar | y tl | ne 71 | th |
| uni | til t | he day | of | her | deat | h? | | | | | |

To the best of my knowledge, A.

Now the next child to die was Frank Fazio. He died at 4:45 in the morning of February 4th, 1981. He and another child in Room 418 and again to pick up that Fall' pattern, he was your patient the night he died, was he not?

Yes, he was.

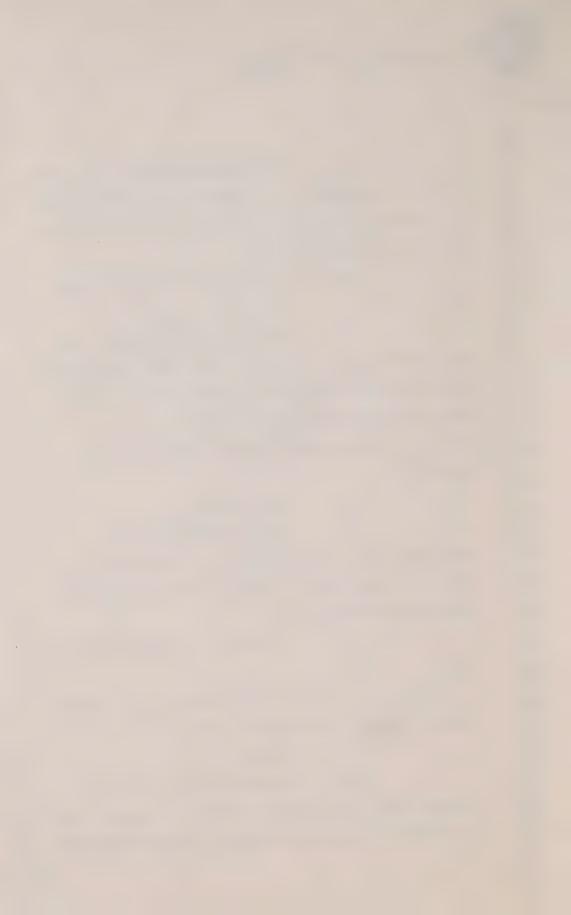
O. Would you turn to the assignment book for February the 3rd and you will see Mrs. Trayner was in charge as team leader with no patient assignment.

A. I am sorry, what page are you on?

I am sorry, page 87 in the top corner, Tuesday, February the 3rd.

> Right. A.

0. The long night shift that started that night had Mrs. Trayner in charge with no patient assignments; yourself looking after two



ANGUS, STONEHOUSE & CO. LTD

TORONTO, ONTARIO

patients only, Fazio and another in 418. Mrs.

Scott had four patients in 418. Mrs. Christie

had four in 425, one in 423 and two in 426. You

had a relief nurse who was looking after five children
in 421?

A. Right.

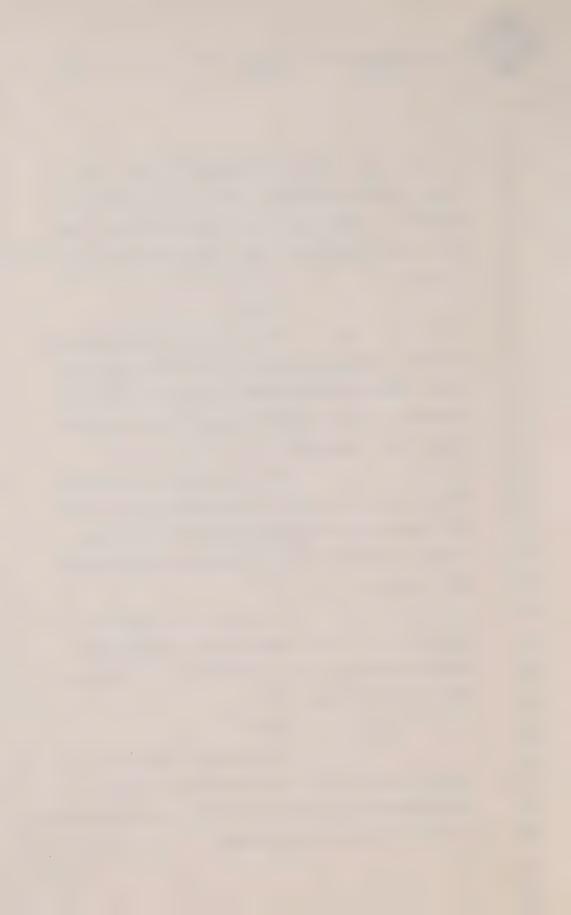
Now again does the fact that you were assigned to two patients only in a room where there was six suggest, although there is no statement to this effect, suggest that that was a shared care situation?

My recollection is that Baby
Fazio had a lot of care, he required a lot of care,
and therefore he required a lot of nursing time.
I don't remember if he was actually ordered shared
care nursing.

Q. I take it the difference will be this, if he were ordered to have shared care nursing you would need to be relieved in order to leave him would you not?

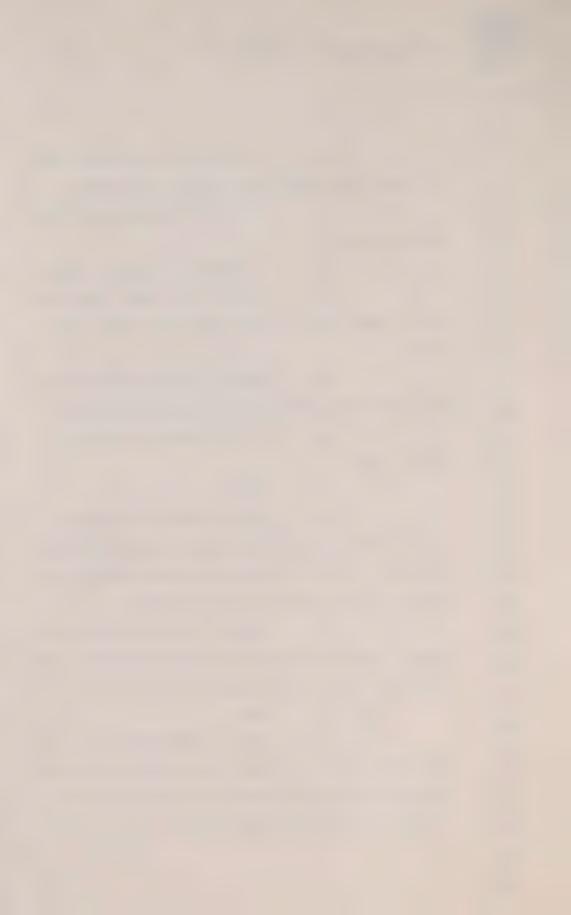
A. Right.

Q. If he merely required a lot of care, but were not on a shared care order, you could leave when in your judgment it was appropriate to do so without being relieved?





| 1 | |
|----|--|
| 2 | A. I think so, I probably would |
| 3 | have made sure there was someone in the room. |
| 4 | Q. Do you have any recollection |
| 5 | of Frank Fazio? |
| | A. I remember the child, yes. |
| 6 | Q. What do you recall about him |
| 7 | By all means refer to the chart if it will help |
| 8 | you. |
| 9 | A. Again I recall that he was a |
| 10 | child that was with us for a fairly long time. |
| 11 | Q. He had been up in the ICU |
| 12 | had he not? |
| | A. Yes. |
| 13 | Q. And he came down from the IC |
| 14 | on February the 2nd, this appears from page 68 of |
| 15 | the chart I think, it records he was transferred |
| 16 | from the ICU at 11:45 in the morning? |
| 17 | A. Right. I am not sure if he |
| 18 | wasn't transferred from 7G originally as well, and |
| | I believe that he had surgery at some time. |
| 19 | Q. Yes. |
| 20 | A. But I remember him as a baby |
| 21 | that had multiple problems, both cardiac problems |
| 22 | and other problems related to the fact that his |
| 23 | parents were first cousins. |





| 4 |
|---|
| 1 |
| - |
| |

A.U

Now you had cared for him as well the preceding night had you not, February 2 to

Yes.

Q. You had Fazio successive nights, the night that he died and the preceding night?

A. Right.

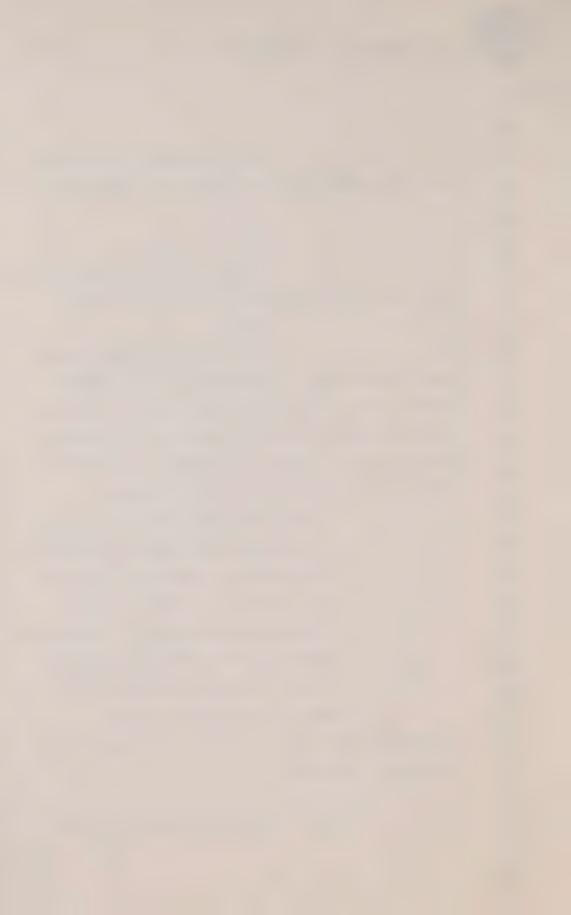
Q. Could we look at your nursing note for the night of February 2 to 3, it begins at the bottom of page 69 of the chart. I am sorry, perhaps we should go back to page 68 for a moment and look at that note on his transfer from the ICU, where in the middle of the page it records:

"...beginning about 1830, Frank began to take spells exhibited by tachycardia; respiration is elevated to about 70; very irregular and frequent apnea 1-2 seconds and grunting. Contractions substernal and intercostal, worsened as well. Very upset during spells, body rigid and limbs extended."

He doesn't sound like a particularly stable child does he at that stage?

A. No.

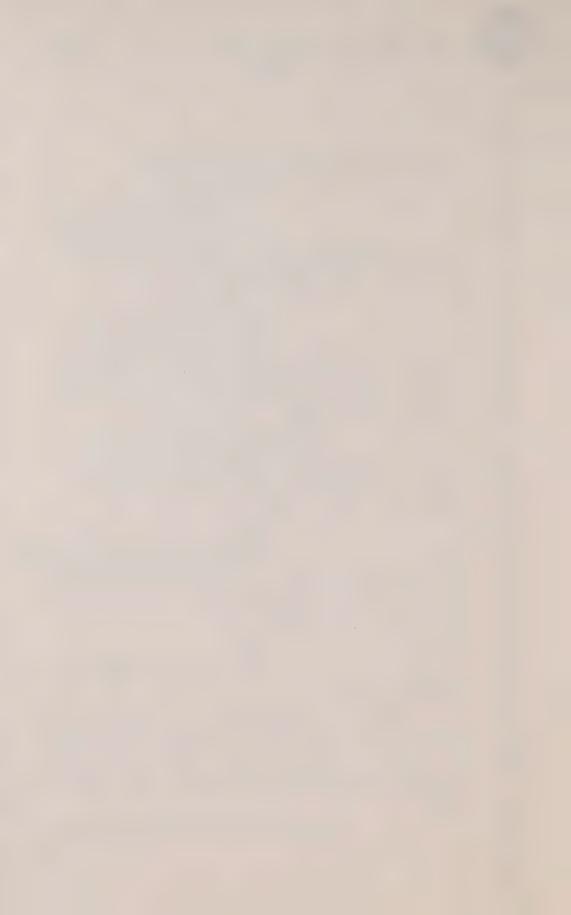
Q. If you were observing those





ANGUS STONEHOUSE & CO. LTD. Nelles, ex. (Lamek)

| 2 | symptoms woul | d they c | ause you concern? |
|------|---------------|----------|---------------------------------|
| 3 | | Α. | Very much so. |
| A. | | Q. | That is what was happening |
| 3 | shortly befor | e you ca | me on duty the evening of |
| E. | Pebruary 2 to | 3 was i | t not? |
| 7 | | Α. | Right. |
| E) | | 2. | Then can we look at your |
| | nursing notes | for the | period from 7 o'clock on |
| 9 | February 2nd | in the e | vening to 7 o'clock in the |
| 10 | morning. You | record: | |
| 13 | | "temp. | 38 at change of shift." |
| 17 | You had troub | le getti | ng this child's temperature |
| 13 | stabilized, d | id you n | ot? |
| 14 | | Α. | Yes. |
| | | Q. | The heating rod in the Isolette |
| 15 | either heatin | g it up | too much or it cooled it down |
| 16 | too fast and | you took | it out? |
| 17 | | Α. | Right. |
| 18 | | Q. | Over on the next page you |
| 19 | record child | is: | |
| 20 | | "tac | hycardiac on arrival on ward. |
| | | | ntic and refused to settle." |
| 21 | His apex came | down an | d was regular. You record he |
| 22 1 | was: | | |
| 23 | | "ver | y hungry at change of shift, |



"grunting loudly and trachial tugging

and substernal indrawing. Became much

more stable after babe left to rest."

He appeared to rest comfortably after



| 4 | |
|----|--|
| -6 | |
| 4 | |
| | |
| | |

5

6

81

9

10 11

12

13!

14

15 16

17

18

19 20

21

23

22

24

over the course of the first part of that night, did Q.

he not

Right.

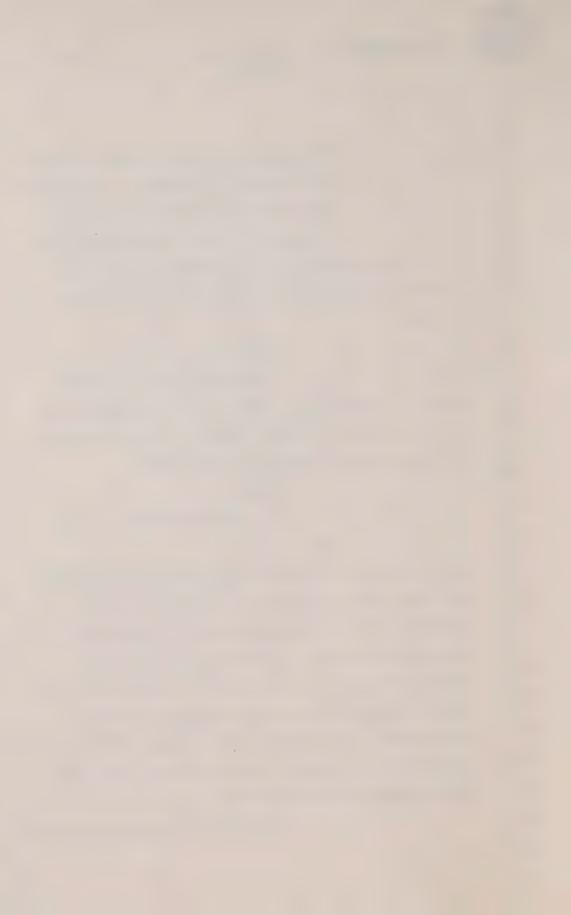
Then when we get to the day shift on the next day, page 71, what appears to be this settling down trend appears to continue, does it not, from our reading of that note?

11 o'clock at night. So he seemed to settle down

Right.

"...seemed much more stable today ... "

Had a couple of bouts of tachycardia on the monitor. His heart rate was regular. Respiration much improved today. Much more regular pattern later in the day, and so on. So there appears from the nursing note, does there not, and I hope I put this clearly, Miss Nelles, to be a settling trend in this child. He had been rather anxious tooking when he first came from the ICU, he was still very sick, but he appeared to be settling down, did he not? A. According to the note he seemed





?

9

1100

Į.

1.

10

18

10

11

18

19

20

21

22

23

more stable than he had been, yes.

ANGUS, STONEHOUSE & CO LTD.

TORONTO ONTARIO

Q. Then we come to your note of the long night of February the 3rd on page 72, and until 3:30 in the morning is it fair to say that in terms of his behaviour, and respiration, and apical rate that settling trend seems to have continued and continued to improve?

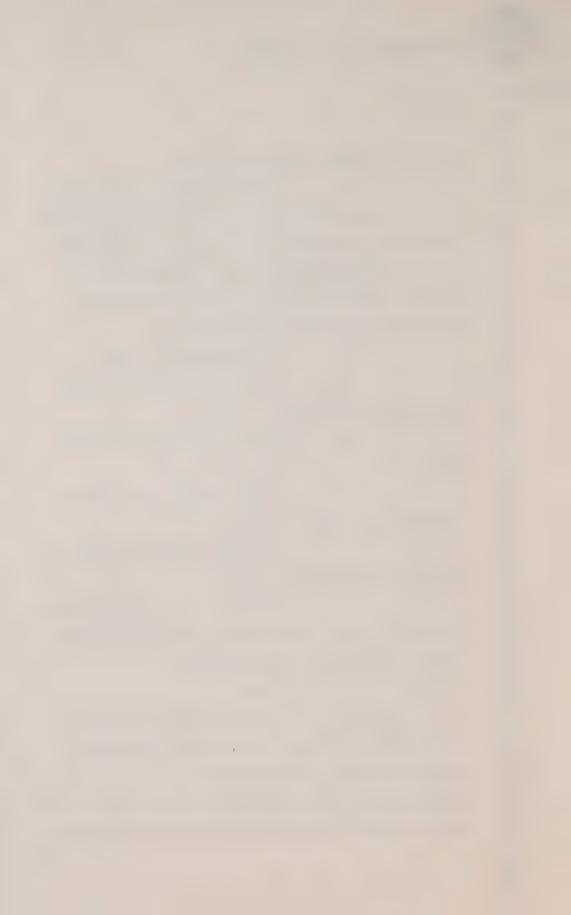
- A. It seemed to be, yes.
- Q. Now this child was on total IV feeding was he not?
- A. Total parenteral nutrition, yes.
- Q. And I suppose that tells us something about his condition?
- A. They believed this child had necrotizing enterocolitis, yes.
- Q. He could not be fed by mouth, he could not even be fed with a tube and they were feeding him entirely parenterally?
 - A. Right.
- Q. But nonetheless it is fair

 I think, is it not that the child by the outward

 manifestations at least appeared to be a good deal

 better on the night of February the 3rd than he had

 been certainly during the day of February the 2nd,



| | 1 | |
|--|---|--|
| | | |
| | | |

()

31 . .

· .

4.0 Same in

11

1

18

10 20

21 22

23

24

25

during the night of February 2 to 3 the last time you had seen him, and indeed even during the day of February the 3rd, is that fair, from the outward manifestations of his condition?

- Yes.
- Do you have any recollection of the events of that night, February 3 to 4?
 - Not really, no.
 - Your note records that at

3:30 in the morning:

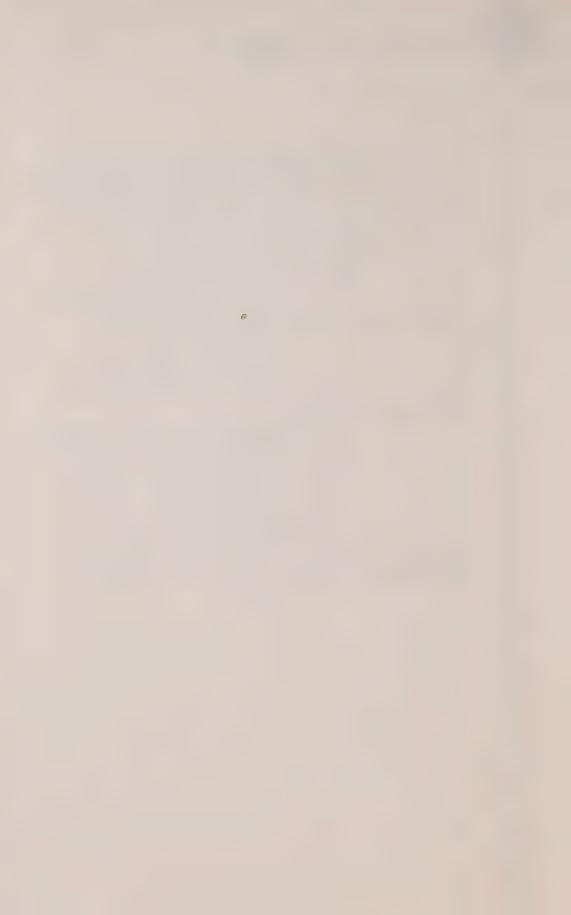
ANGUS, STONEHOUSE & CO. LTD.

TORONTO ONTARIO

"...child became very upset and crying. Heart rate 160 at 3:30. Seemed to settle down a bit, then 15 minutes later monitor went off ... "

And when you listen his heart rate is down to 50 and irregular, and you called for Dr. Tucker?

> Α. Right.



BMcrc

,

14.

TO

13

1

34

1

10

17

1 %

10

20

21

22

23

Q. You say the apex remained bradycardic and irregular ten minutes; approximately 4:15 babe had periods of ventricular fibrillation interposed were bradycardia. Is that vast irregularities?

A. Right.

Q. So, this child had started to exhibit very serious and dramatic symptoms very swiftly, had he not?

A. Well, I mean, it started at

Q. Yes. And he settled down a

nit.

3:30.

A. And continued to exhibit them for up to 45 minutes.

Q. All right.

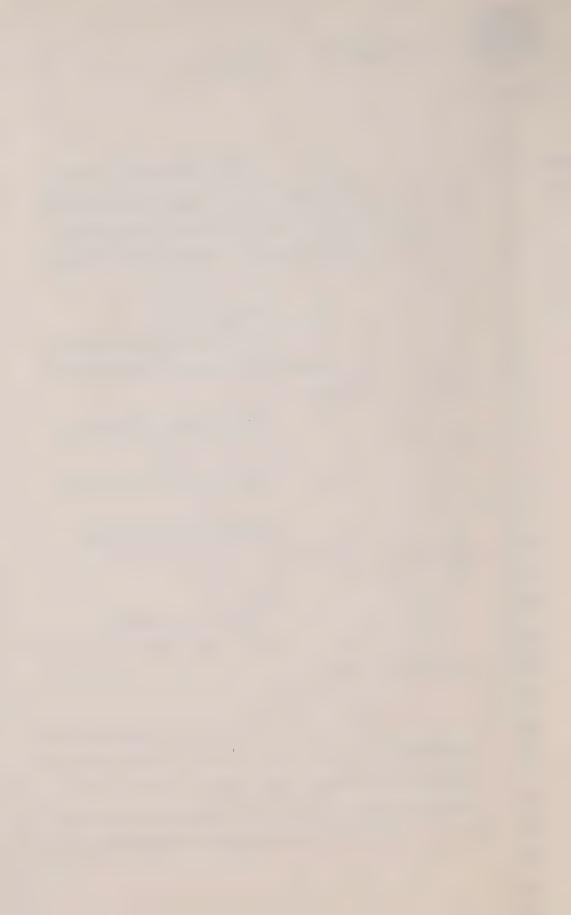
A. I'm sorry, 15 minutes.

Q. Yes. And a Code 25 is called

and the child dies.

A. Yes.

Q. In light of the progress that the child had made in the first part of the shift and the lack of symptoms of any distress in the first part of the shift and notwithstanding that you knew him to be sick, did the rapidity of his decline cause



2

you any surprise?

A. No, it did not.

Q. Why was that?

A. Because this was a child whom

I had known in the past and I knew that he was -- like, I could not separate his medical condition from the symptoms that he may have appeared to display; in other words, he was very unstable, he was seizuring and he, as I say, had this necrotizing enterocolitis and I felt that he was always in poor condition.

Q. Okay, that's fair enough,
Miss Nelles. I don't suggest for a moment that you
can separate what you knew of his condition from his
appearance.

A. Right.

Q. I recognize that. But it is fair, is it not, that he was not manifesting the causes of concern for the night of February 3/4 that he had on the night of February 2/3?

A. Right, but it was only a night's difference.

Q. Did you not read the progression of the notes when you took over?

A. I probably did, yes.

Q. Did he not appear to you to

D2

4

."

7.

13

10

13

è 4

1

16

18

19

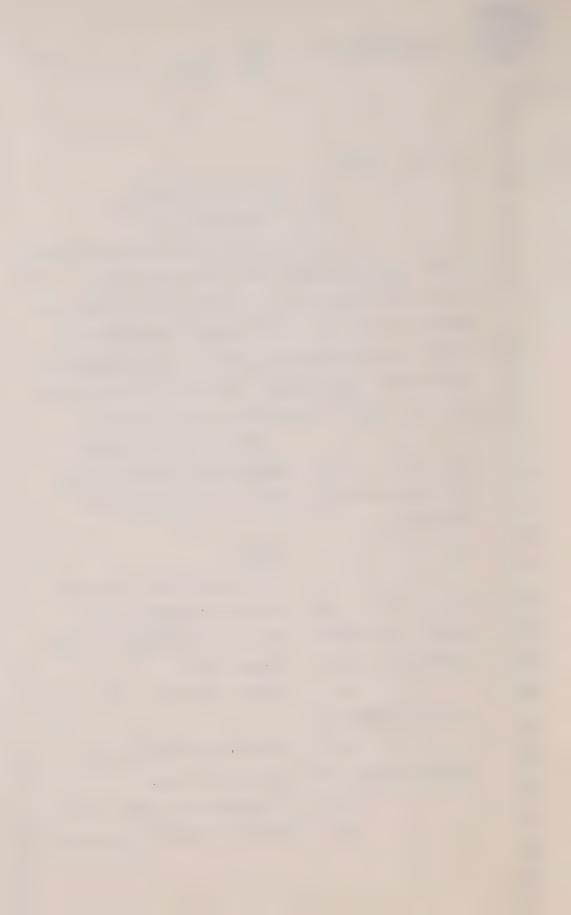
20

21

22

23

24



2

1

3

5

6

7

9

10

11

13

2.7

15

16

17

18

13

20

21

22 |

23

2425

be settling and stabilizing?

A. He seemed better than he had the night before, yes.

Yes. But you are telling me your experience of him the night before and your knowledge of his condition, notwithstanding his appearance on February 3/4, was enough to make you say, look, I can't be surprised that that child declined as rapidly as he did?

A. Yes, I think that, although he obviously displayed here a period of stability, he was not a stable child.

Q. Okay. Fair enough. Could we look at page 158 of the chart, please, which is the medications sheet and in particular the medications sheet for the night of his death. Am I right in thinking that the medications are not signed off for the night of his death?

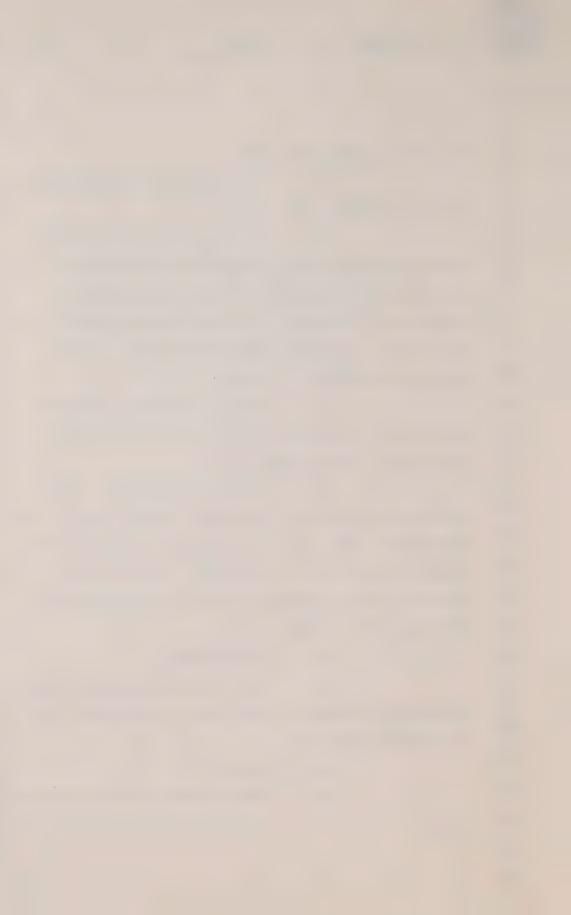
A. That's right.

gentamicin, and digoxin do not appear to have been signed off.

A. Right.

Q. Can you tell us how that came

about?



Nelles ex. (Lamek)

D4

ts.

3

4

.

7

3

10

11

13

14

15

16

19

20

21

22

23

24

25

A. In charting at the end of the shift, again, I must have forgotten to sign the medications of

 Ω_{*} Are you satisfied that the medications were in fact given during the course of the shift?

- A. Yes, I am.
- Q. And in the doses prescribed?
- A. That's right.

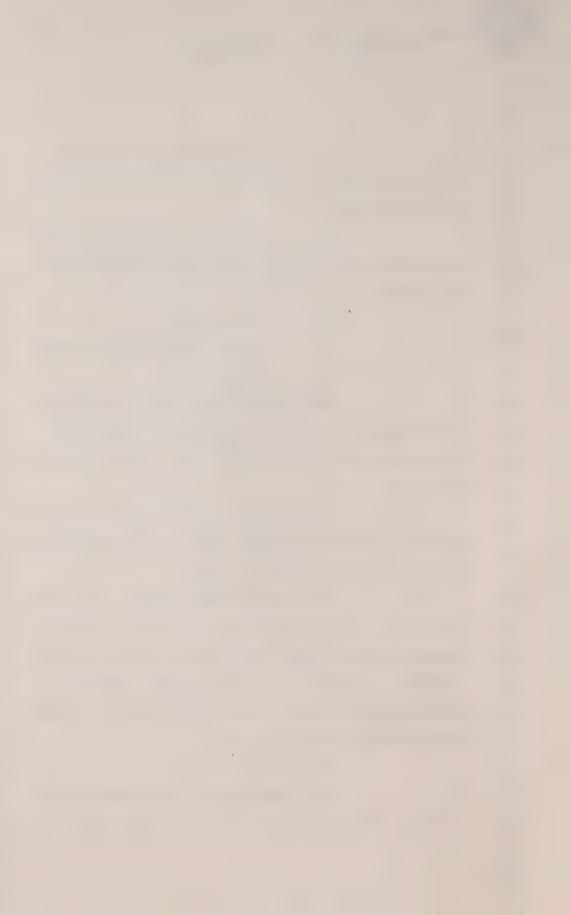
THE COMMISSIONER: Well, you wouldn't have charted at the end of the shift, would you, because the child died, did he not, in the middle of the shift?

THE WITNESS: Yes, you are right, I am sorry, it would have been close to the period after, or the short period after he died.

to lead you, but it would seem to me what probably
happened was that the chart went off before you had
a chance to complete it. This is what happened
before. Maybe by this time you had caught onto that,
I don't know, this is February.

THE WITNESS: Right.

THE COMMISSIONER: How long did you continue with that problem about the chart going?



>

1

2

*. F

6.

10

11

1.3

1 :

1

16

1.

18

20

21

23

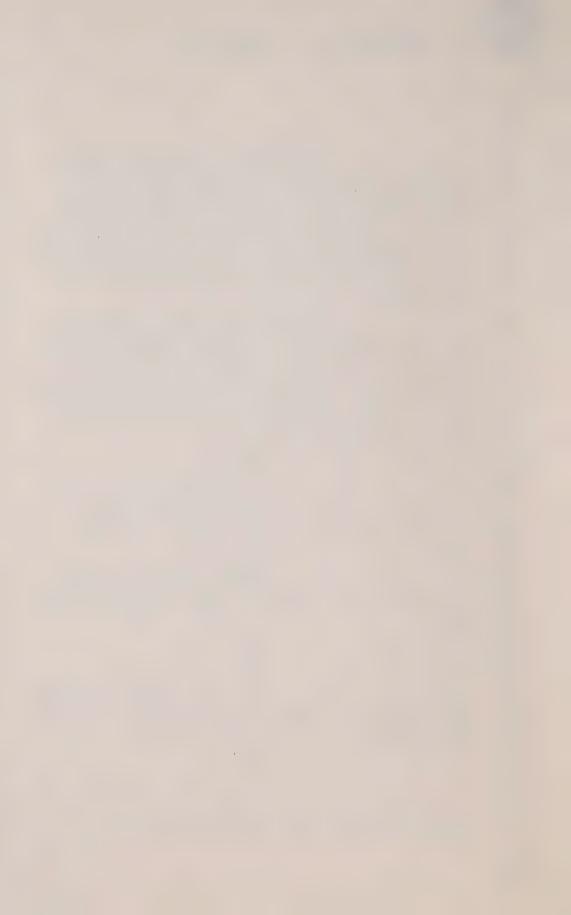
2425

THE WITNESS: I certainly knew by this period of time that the chart would go off.

Sometimes, as I say, there are a number of people around, physicians, who all have to write their notes and whatnot and sometimes the chart again does get taken away.

MR. LAMEK: Q. Well, I would take it, Miss Nelles, from the sequence of notes back in the progress note part of the chart, and in particular the fact that Dr. Mounstephen's arrest note precedes your final nursing note --

- A. Right.
- Q. -- that you wrote your final nursing note probably after the child had died?
 - A. Yes.
- Q. And that would be the time when normally you would also complete the medications sheet?
 - A. Right.
- Q. But on this occasion perhaps because there were some other things going on or for some reason or other you forgot to do that?
 - A. Right.
- Q. How can you be sure that the medications were in fact administered?



3

1

.

.

9

10 111

1 * 3

1 .

it?

25

16

17

15

19 20

21

22 23

who else was there? assignment.

A. I suppose you can't be perfectly sure but considering I only had two children that night and that medications are part of my normal duties and especially considering that he was on more than one I would not forget to give him his medications.

To your knowledge, did anyone other than yourself administer any medication at all to Frank Fazio the night that he died?

> A. No, they did not.

You were present at the 0.

resuscitation effort on the child?

Yes, I was. Α.

0. Do you have a recollection of

Vaquely, yes. A.

Do you remember what you were Q.

doing?

A. I believe I was doing

cardiac compressions.

0.

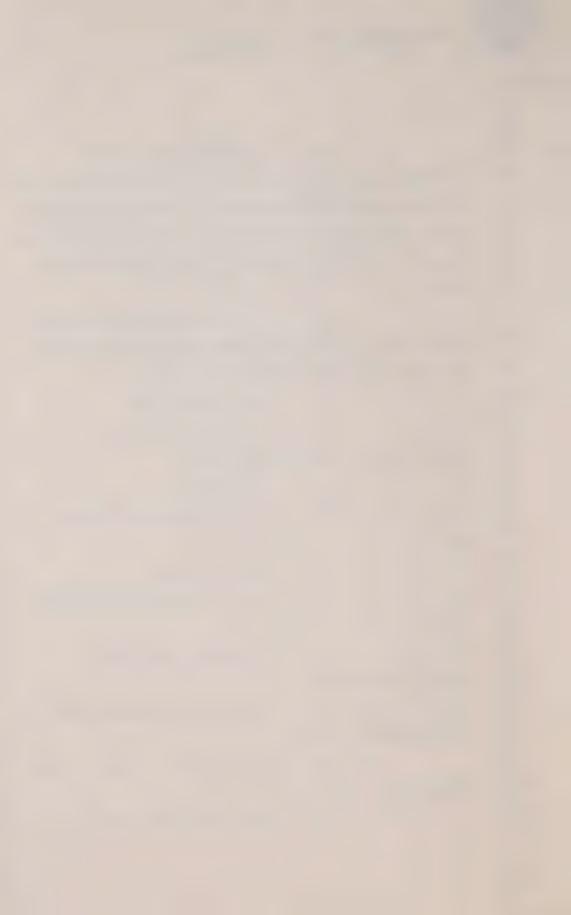
Α.

Do you have a recollection of

Only probably because of the

O. Okay. You don't have a picture

24



in your head of people in that room at the time of

A. Not really, no.

Now, you told me that in light of what you knew of this child and your earlier experience with him you were not surprised at his death. I take it however you were upset by his death?

> Α. Very much so.

0. And although when the event occurred it did not surprise you, had you had any reason to think before 3:30 in the morning that he might not make it through the night?

No, I didn't.

Now, you said vesterday, Miss Nelles, that it was early in 1981 that you first began to see patterns in the deaths that had occurred. We are now at the stage of February 1981. Was this about the time when you started to spot recurring themes in these deaths?

I think it was still later. I think it was still March.

O. Into March?

A. Yes.

Okay. Now, the next child to die is not on our chart, that is Bruce Floryn and he

D7

Sec.

1. "

13

0

18 1

80

2 4

5 1

1 . 3

100

15

16

17

18

10

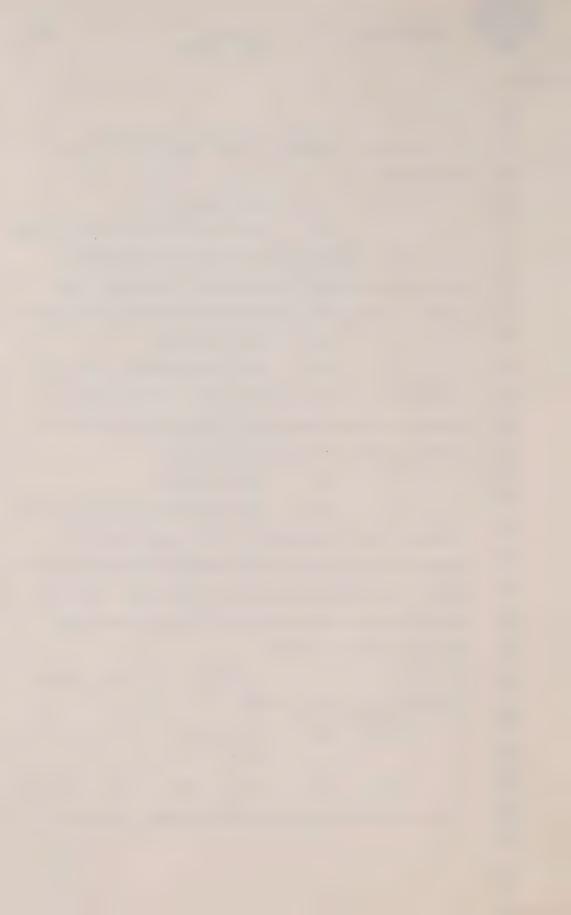
20

21

22

23

24



12

. ..

3.

11

1,1

14

1.1

16

13

19

20

21

22

24

25

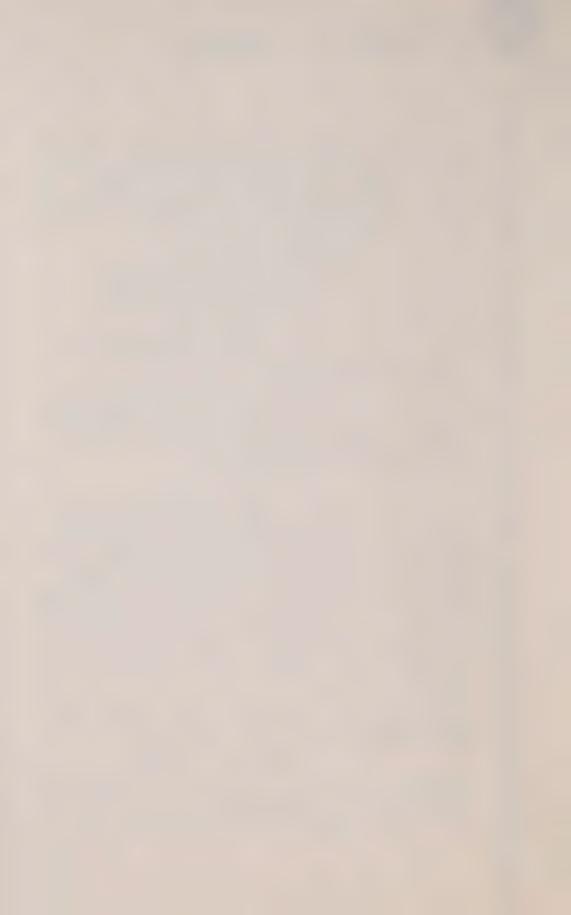
died at six o'clock, 6:20 in the morning of February 7th. You were on duty that day as team leader. You had no patient assignments as I recall it. Do you have a recollection of that child?

- A. Yes, I do.
 - Ω . And of the arrest?
 - A. Yes, I do.
- Ω. Can you tell us what you recall of Bruce Floryn?
- A. I recall that he was again an older boy that was with us, had been admitted to the floor on numerous occasions.
 - Ω. Yes.
- A. And I recall that he was actually considered at one point for a heart transplant and there was discussion of him actually going to somewhere in California, Los Angeles, to have a heart transplant. I recall that they did not feel he was a candidate and he returned to The Hospital for Sick Children.

THE COMMISSIONER: "They" being the people in California, is that right?

THE WITNESS: California, yes.

And he returned to the Hospital, and I remember him being on 4B on his last admission and that he was a



Nelles ex. (Lamek)

D9

.i.,

3 '

3

٠,

111

17

med has

15

17

18

19

20

21 | 22 |

your patient?

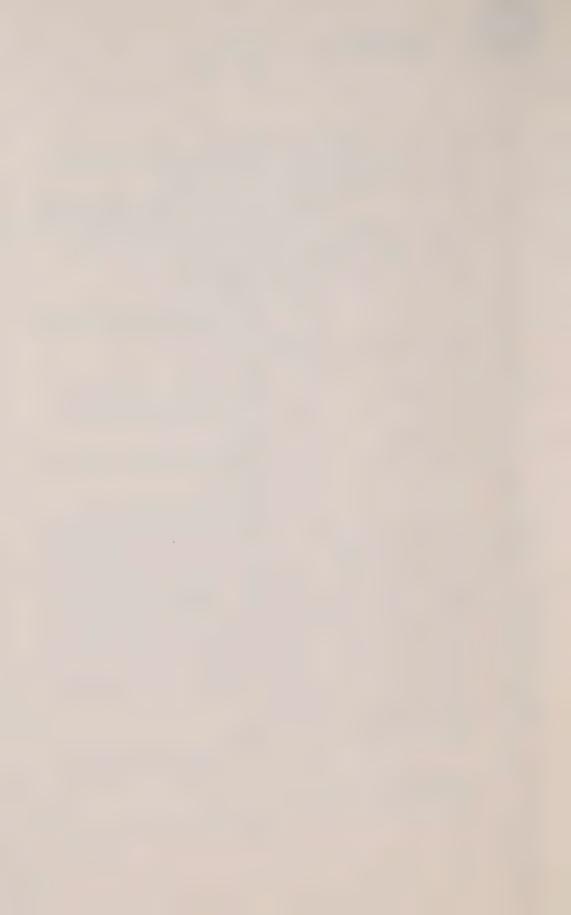
23

2425

very ill boy and that I believe he was one of the children that was ordered a no Code.

MR. LAMEK: Q. Your recollection is quite right. Therefore, there was no resuscitation attempt when Bruce Floryn arrested?

- A. Right.
- Q. And I take it that his death was a surprise to nobody?
 - A. No.
 - Ω . But upsetting nevertheless?
 - A. Right.
 - Q. But not a matter of surprise?
 - A. Right.
- Q. Can we move then to the death of Jennifer Thomas. She died at 3:38 in the morning of February 12th in Room 418. Now, on that long night shift, you were working, Mrs. Trayner was in charge and had a patient in 423, you had five patients in 421 and one in 426, Mrs. Scott had a couple of patients in 418, one in 425 and Mrs. Christie was relieving elsewhere in the Hospital.
 - A. Right.
 - Ω . But Jennifer Thomas was not
 - A. Right.





of that child?

that night?

D10 2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

18

20 |

21

22

24

24

 Ω . Do you have a recollection

A. No, I don't.

 Ω_{\star} You don't recall that you treated her at all before the night of her death?

A. I don't recall that I did, no.

 Ω_{\bullet} Do you have any recollection of the night of her death?

A. No, I don't.

Ω. You don't remember seeing her

A. No, I don't.

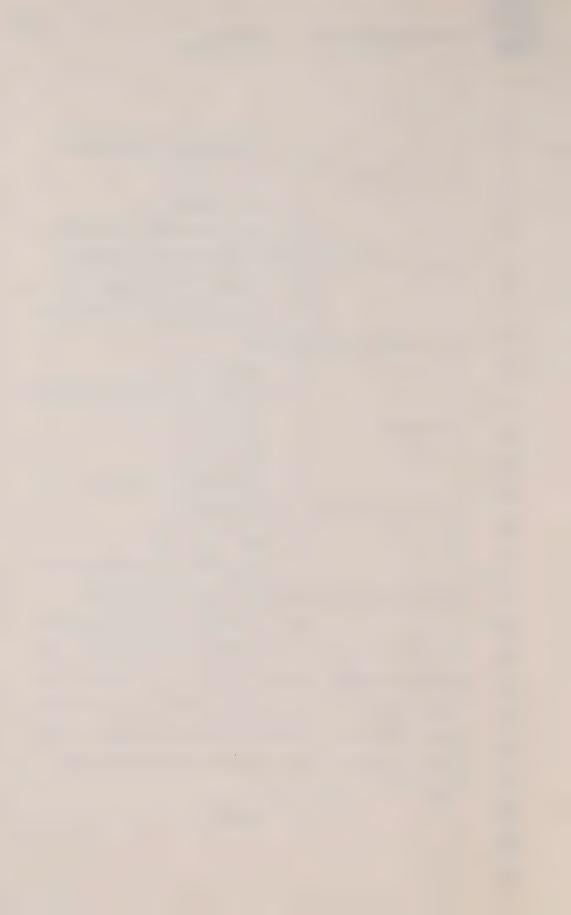
 Ω . Or learning anything of her condition or anything of that sort?

A. No, I don't.

 Ω . Well then, there is not much point in spending much more time on that then.

that terrible spate of deaths in March of 1981. It started with the death of a child who is not on our chart, and that was aby Leith you will remember who died at 10:30 in the morning of March 6th. You were not on duty as I understand at the time the child died?

A. Right.



| 4 | | ANGUS, STONEHOUSE & CO | LTD. | Nelles ex. (Lamek) | 8166 |
|-----|---|------------------------|---------|--------------------------|----------|
| | 1 | | | | |
| Dll | 2 | | Ω. | Do you have any recol: | lection |
| | 3 | of it? | | | |
| | 4 | | Α. | Again, I believe I do | |
| | 5 | | Ω. | Can you help us please | to the |
| | 6 | extent you can? | | | |
| | 7 | | Α. | I believe he was a ch: | ild that |
| | | was very ill and | difI | am not confusing him wit | h some- |
| | 8 | one else, I bel: | leve he | was the physicians a | advised |

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

ieve he was a child that confusing him with somethe physicians advised that he should have surgery.

- O. Should have what?
- A. Should have surgery.
- Ω . Yes.

A. And that the mother felt he should not and that his prognosis was poor.

O. His prognosis is poor. Indeed, as I understand it, he did have the surgery and had a coarctation repair early in February?

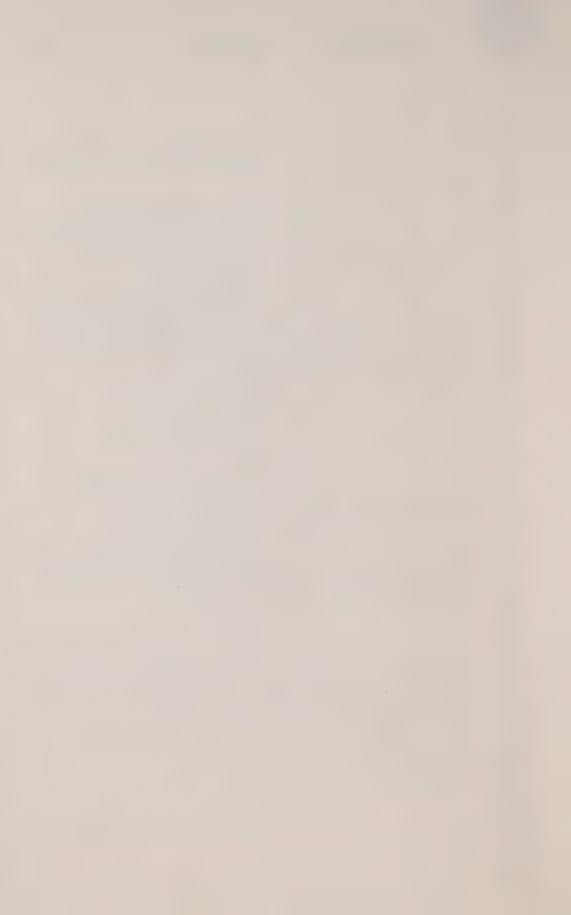
A. Right.

O. But his prognosis was poor and indeed do you recall this was another child on whom there was a 'do not resuscitate' order?

A. As I say, I am not sure if I am confusing it with someone else.

Q. Okay.

A. But that is what I sort of



remember of that name, yes.

Q. All right. Let's go on then to Colleen Warner because she died the very next day, 3:45 in the morning of March 7th in Room 418. Again, this was a patient who was being cared for by Sui Scott but you were acting as team leader that shift, do you recall?

A. I don't recall, no.

Q. Okay. Let's look at the assignment book. I am looking for the long night shift that started on the evening of March 6, page 149 I believe. It records that Miss Nelles was in the started assignments, Mrs. Trayner was looking after three children in 418, Mrs. Scott had one child in 418, three in 425 and one in 426, and Mrs. Christie had three in 421 and was being shared with 4B and she also had a couple of children in 437.

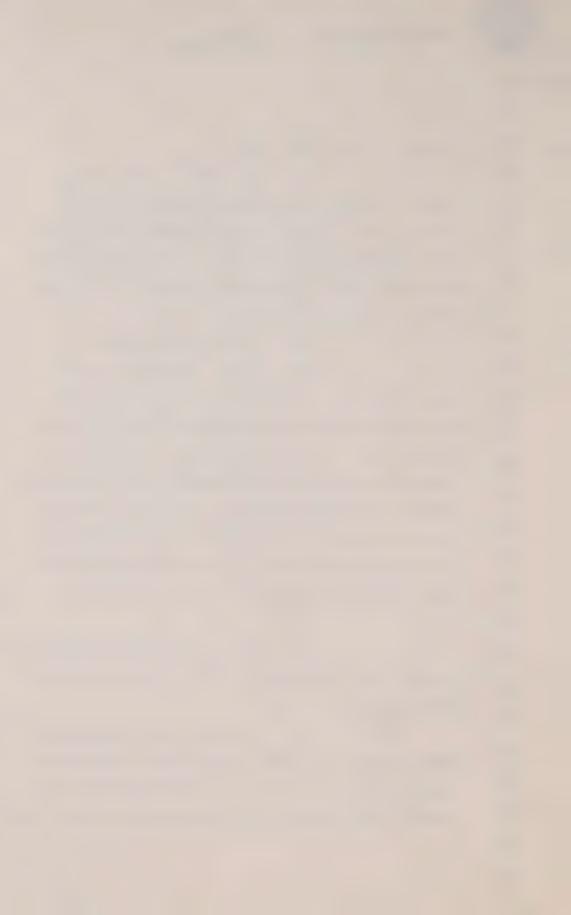
Now, Mrs. Trayner was working but you were the team leader. Can you tell me how that came about?

A. I think it was around this time that Mrs. Radojewski decided that the back-up team leaders were not getting enough experience of actually team leading, so it was decided that we would

D12

ā.:

20 |





Nelles ex. (Lamek)

D13

, ,

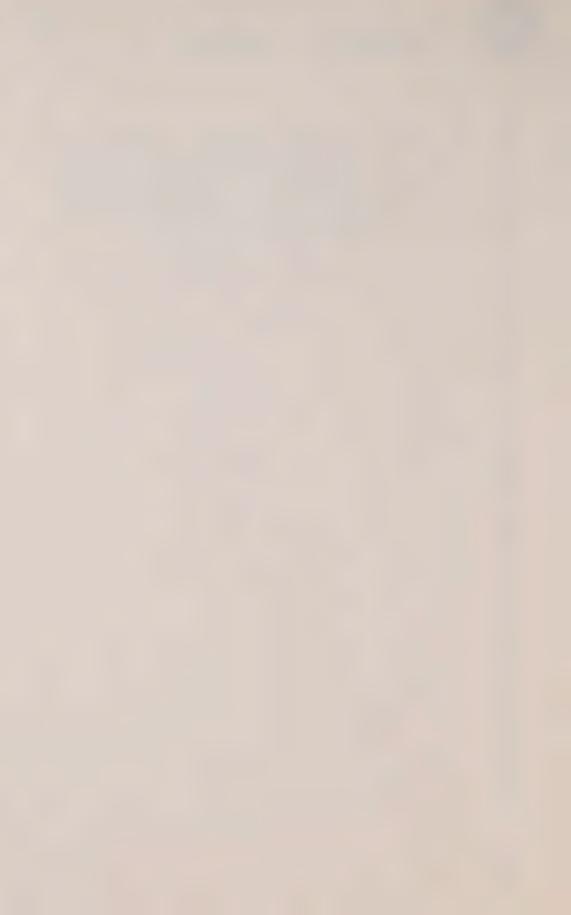
1 4

4.5

1.3

18 4

try to alternate more frequently; in other words, that I would be team leader more frequently than I had been. Normally I would only team lead when Mrs. Trayner was away or when she was sick.





:

.

0

1.1

...

12

13

1 4

3 4

10

17

18

19

20

21

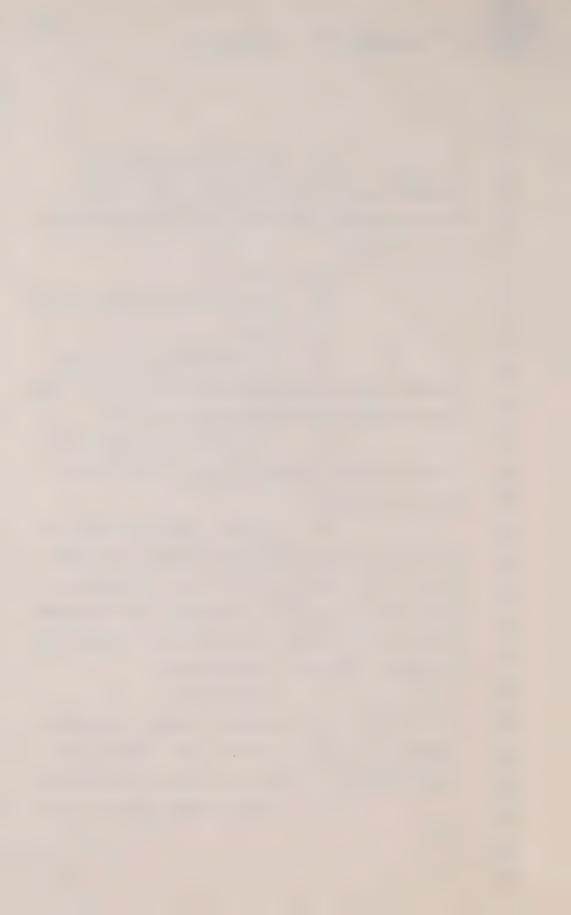
22

23

P/ak

| Ç | Bu. | t notwith | nstanding | her |
|-----------------|----------|-----------|-----------|------------|
| presence you as | a result | of that | decision | by |
| Mrs. Radojewski | occasion | ally took | the tear | m leader's |
| role, did you? | | | | |

- A. Yes.
- Q. This was one of those nights?
- A. Yes.
- Q. Can we digress for a moment please? You told Mr. Sopinka yesterday that a team leader vacancy was filled in March of 1981.
- A. I believe it was March 20th, the team leader that was in question here, that was her last night.
- Q. And as I understood you, and tell me if I characterize this wrongly, you were hurt, not that you did not get the appointment as team leader but that Mrs. Radojewski had not spoken to you about it before announcing that someone else was getting that job. Is that fair?
 - A. That is right.
- Q. Because you had understood from Mrs. Radojewski since the fall that you were going to become a team leader when a vacancy arose.
- A. When the next vacancy arose, yes.



| derivation in | |
|---------------|--|
| | |
| | |

:

.

э

()

1.

3 1 11

1 4

13 10

11

18

19

20 21

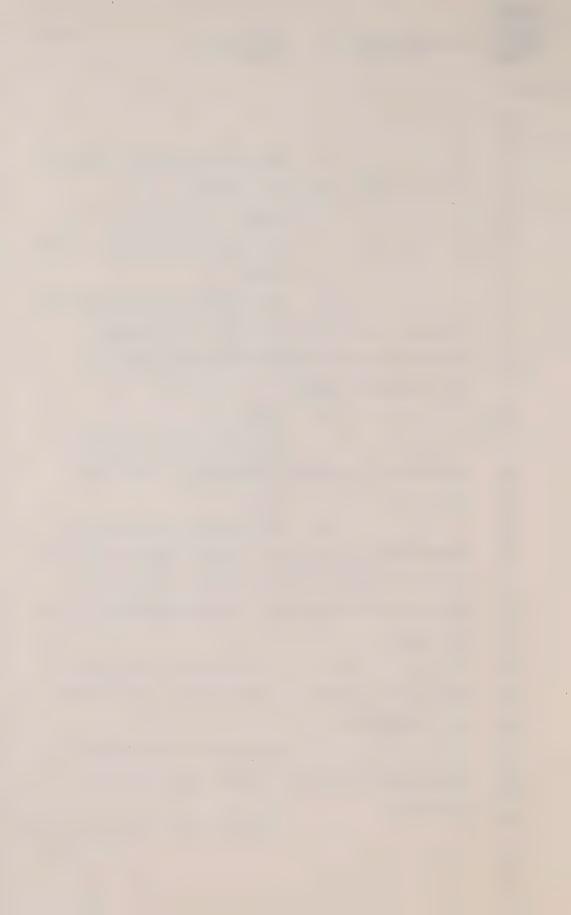
22

24

23

A. I am not sure. I remember that

- Q. And you thought you would be considered for that next vacancy?
 - A. Right.
 - 0. And it arose in March of 1981?
 - Α. Right.
- Q. And through the early part of certainly March as we are seeing now you were getting some team leader experience even with Mrs. Trayner present?
 - A. Yes.
- You were being given the opportunity to become experienced at that role?
 - Yes. Α.
- 0. You say you were hurt or you agreed with me that that was your feeling, you were hurt when Mrs. Radojewski did not speak to you about the new appointment that was available. Were you angry?
- A. I don't think I was angry as much as disappointed or puzzled as to why she had not spoken to me.
- O. When did the appointment of Nurse MacIntosh as the new team leader become official?



| 1 |
|---|
| ä |
| |
| |

4

5

6

00

9

10

March?

about it?

12

13

14

15

16

18

19

20

21

22

24

25

I had wanted to speak to Liz about it but I was on nights and it is not exactly easy to talk to the head nurse when you are on nights because you don't really --

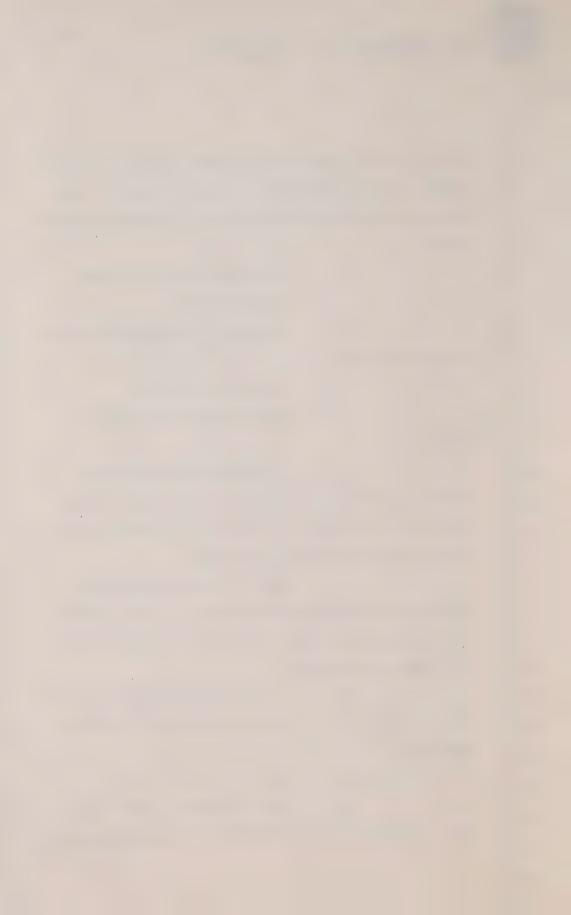
- Q. Because she is not there.
- A. That is right.
- $\ensuremath{\mathbb{Q}}$. When was that that you wanted to speak to her?
 - A. In March some time.
 - Q. Towards the latter part of

A. I would think so because again I was away for a week and then when I came back I was on nights. I just had not really had the opportunity to speak with her.

- Q. Had it not been generally known on the ward since some time in late January or February that Nurse MacIntosh was going to get that team leader spot?
 - A. I did not know about it, no.
 - Q. You had not heard anything

A. No.

Q. Do I understand from that that you first learned that she was going to become



0. LTD



.

. .

.

.

.

10

1

3 3

1.3

14

1 5

16

17

18

19

20

21

22

23

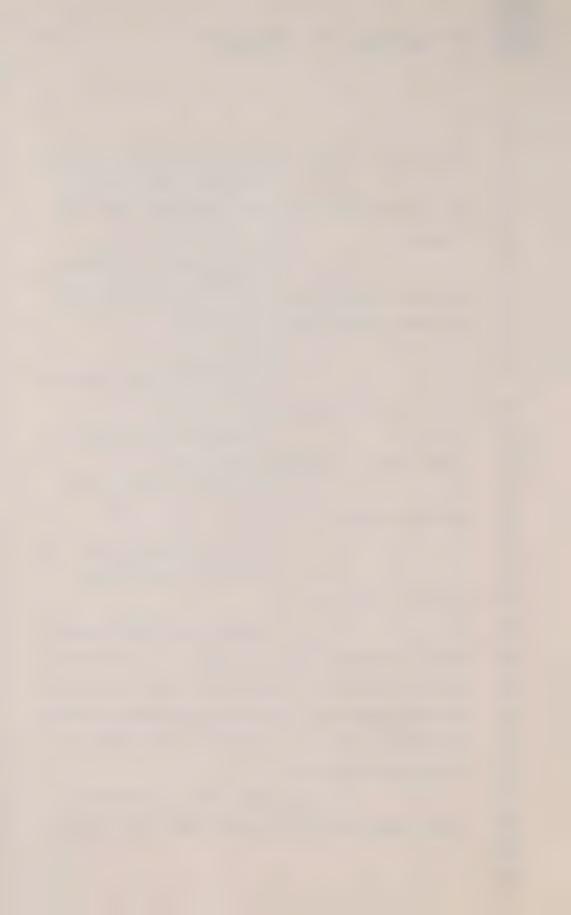
| ANGUS, | STONEHOUSE & (|
|--------|----------------|
| ANGUS, | |

a week.

the new team leader around the third week in March? Α. It may have been a little bit before that because as I say I went away for

- And subsequently you did not 0. have much opportunity to tell Mrs. Radojewski that you were hurt and upset about that.
 - Right. Α.
- Q. Did you express your feelings to anybody on the floor?
- Α. I believe I told a couple of people that I was disappointed, yes.
- How did you get along with Q. Mrs. Radojewski?
 - I think we got along all right.
- Did you find her an easy 0. person to work for?
- I think that my main opinion of Mrs. Radojewski was that she was very concerned with the running of the floor and the organization and that sometimes she was not as supportive or did not take as much of an interest in her staff as I thought she might have.
- Q. As I say, that is a bit of a detour from the Colleen Warner case. Can we go

24





.

.)

1.5

11

1 2

7 F.

-15 -

15

19

20

21

22

23

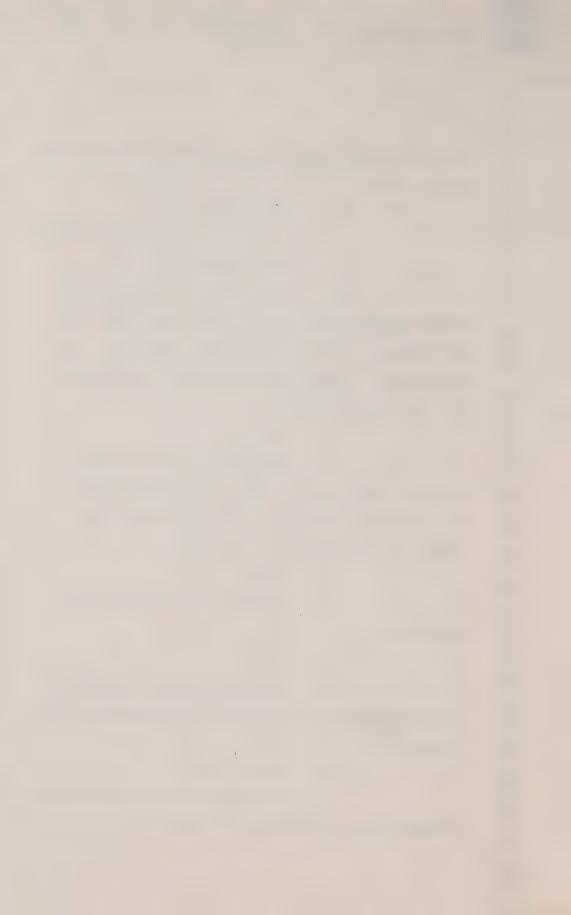
24

25

back to Colleen Warner? Do you have a recollection of the child?

- A. No, I don't.
- Q. Or of the night of her death?
- A. No, I don't.
- Q. As I recall it this was the second occasion when you had been team leader with Mrs. Trayner present and an arrest occurred. Is that right? There was Brian Gage, you remember, and now Colleen Warner.
 - A. Yes.
- Q. You told me with respect to the Brian Gage arrest that, as I understood you,

 Mrs. Trayner did not really let you assume and assert control over that situation?
 - A. Yes.
- Q. She rather stepped in and took over?
 - A. Yes.
- Q. Do you have any recollection of what happened in the case of Colleen Warner when she arrested?
 - A. No, I don't.
- Q. And what was your observation of Mrs. Trayner's demeanor or manner at



25

| ž '. | |
|-----------|------------------------|
| 2 | Taguagitation offers |
| 31 | resuscitation efforts |
| 4 | Α. |
| | drawing up medication |
| 5 | Q. |
| 6 | Α. |
| 7 | other impression. |
| 8 | Q. |
| 9 | of the activity? |
| WW COLUMN | Α. |
| 10 | perhaps. |
| 11 | Q. |
| 12 | to be in charge? |
| 13 | Α. |
| 14 | Ω. |
| 15 | difficult to deal wit |
| 16 | manner in which she co |
| 17 | Α. |
| | that I expressed that |
| 18 | Q. |
| 19 | impression but it had |
| 20 | Α. |
| 21 | Q. |
| 22 | Α. |
| 23 | Q. |
| | conversation that the |

ANGUS, STONEHOUSE & CO LTD.

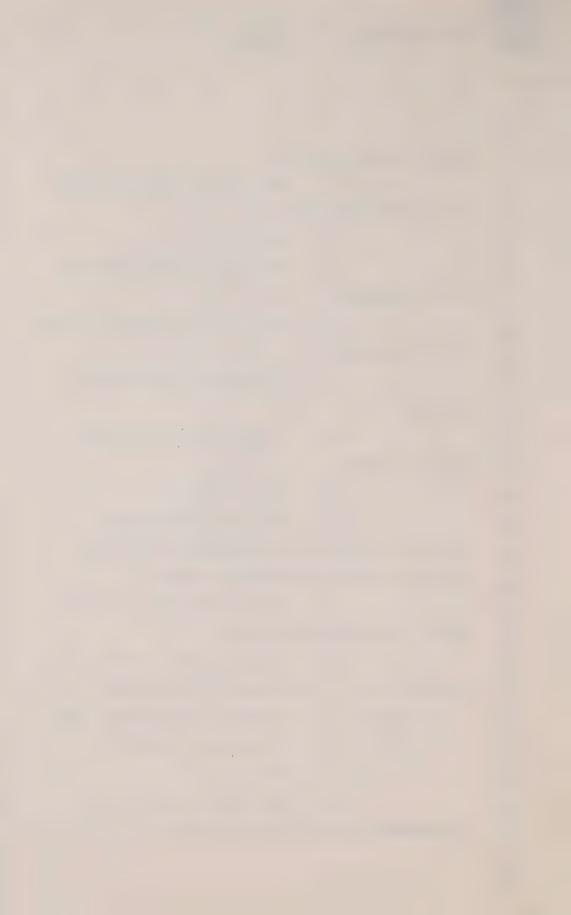
TORONTO, ONTARIO

She usually took the role of Yes. And I don't really have any Was she very clearly in charge In terms of the other RNs I take it it was her role Yes, it was. Did you find anything h or offensive about the onducted herself? Not by this point. I think before. That had been your earlier changed by this time? I think it got better, yes. Her manner improved?

Was that following the

two of you had?

Yes.



in ;

Special

2'

ř

5 j

2

9

10)

11

[]

13

3 5

15

16

17

18

19

20

21

22

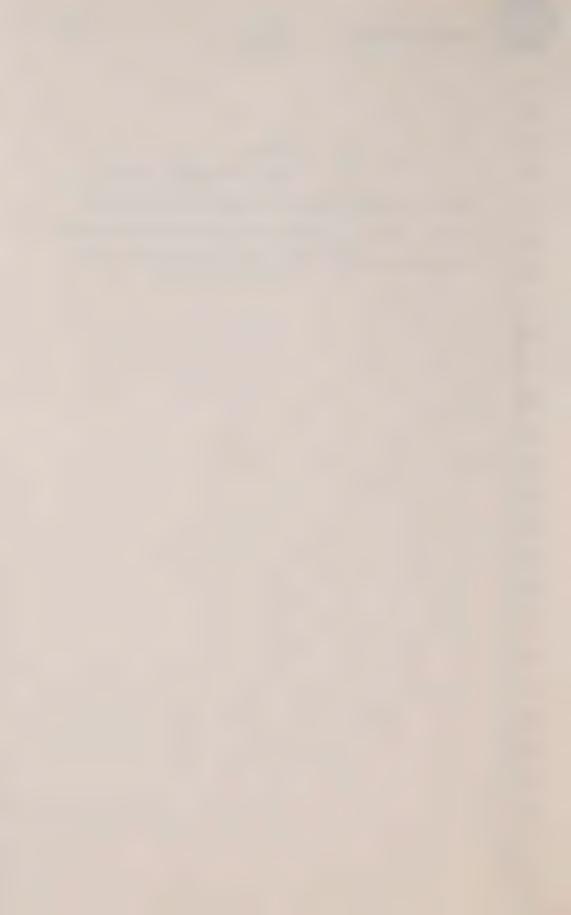
23

24

25

A. Right.

Q. When you talked together in the fall of 1980 about the problem that you were having, did you at that stage also discuss arrest and resuscitation efforts and her demeanor there?





2E/DP/ak

5

7

Ŷ

10

12

14

15

17

18

20

21

22

23

24

25

I don't remember specifically.

I remember as I say discussing her role as team

Lander and my role as her backup.

In rather more general terms and properties.

Yes. As I say it may have arisen that her taking control became apparent at the arrest situation but I don't specifically recall.

THE COMMISSIONER: Was it not her obligation to take control at least until a supervisor arrived?

THE WITNESS: Yes, but she did it in such a way that she really did not listen to what other people were saying, what the other RNs

MR. LAMEK: Q. So the same kind of thing that troubled you about the Dawson situation, for example?

A. Right.

Q. We move on to Jordan Hines.

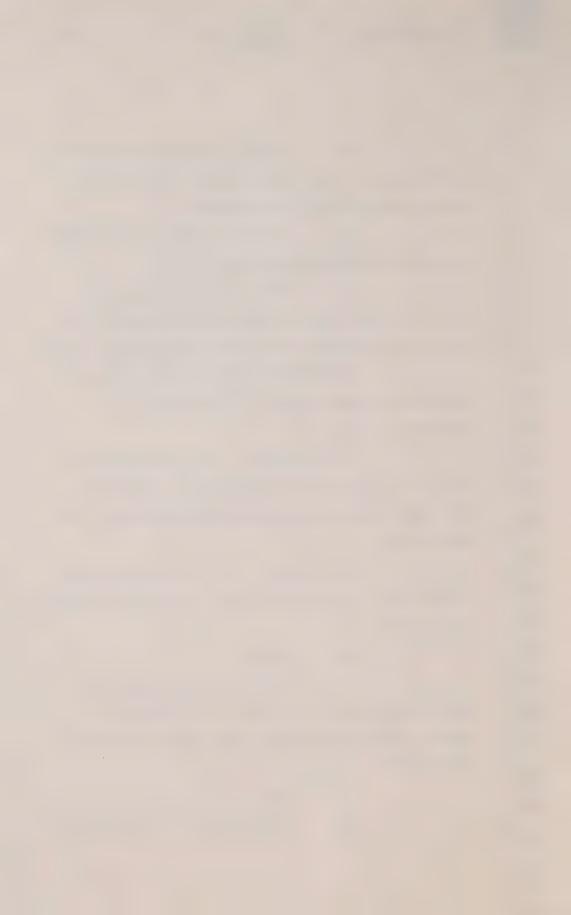
died on Ward 4B at 6 o'clock in the morning on

March 8. You were working long nights on Ward 4A

that night?

A. Yes.

Q. Do you have a recollection of



?

1

F. .

6

7

1

8

9

91.

12

1.3

15

14

1617

18 19

20

21

22

24

that commit

at the time.

please?

child.

A. No, I don't remember the

Do you have any feel or any impression as any information about his condition the night to the died?

A. I don't really remember, no,

you want to Ward 4B to assist?

A. Right.

Q. Did Mrs. Trayner also go?

A. Yes, she did.

Q. Working on Ward 4B that night,

I can till ou either from the WIN sheets or from the assistment book, the night of March 7, Tab 14 --

A. Can I have the page number,

0. 1

A. I can't see the dates on here.

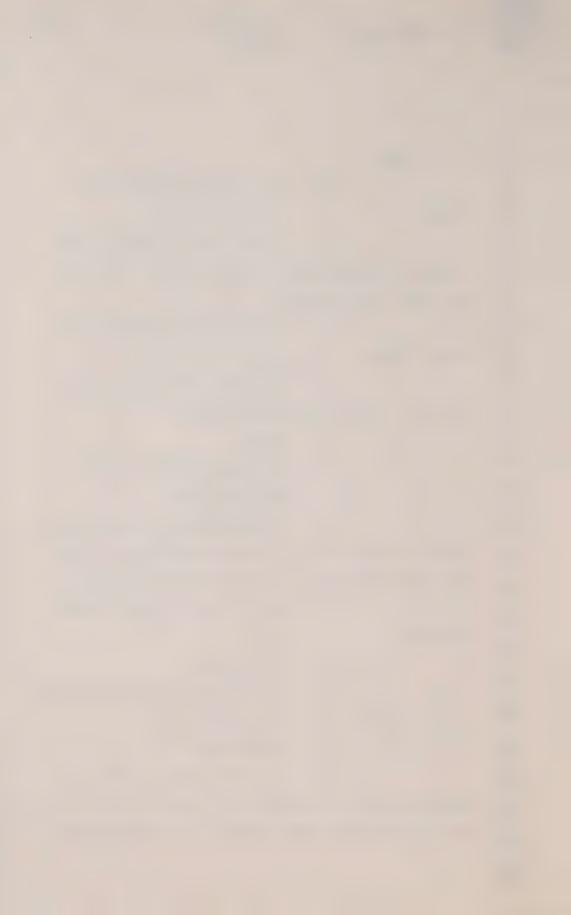
Q. It is page 119.

I'm sorry.

A. Thank you.

Q. 119 under Tab 14, and it

appears on 4B that night, the night of March 7th to 8th Miss Halpenny was in charge, had a patient in



6

11

9

ji

13

13

14

151

16.

17

18

19

20

21

ANGUS, STONEHOUSE & CO. LTD.

437, doing medications in 431; Susan Reaper was there with three patients; Miss Frise was there with four patients and there was a relief nurse who was also looking after patients. Mrs. Scott was over the an all, was she not?

Yes.

Miss Halpenny was in charge of the ward that night?

Yes.

). We have heard some evidence here, Miss Nelles, about an incident involving a pacemaker at the Hines arrest. Do you have any recollection of that incident?

> .A. Yes, I do.

Can you tell us your recollection

of it?

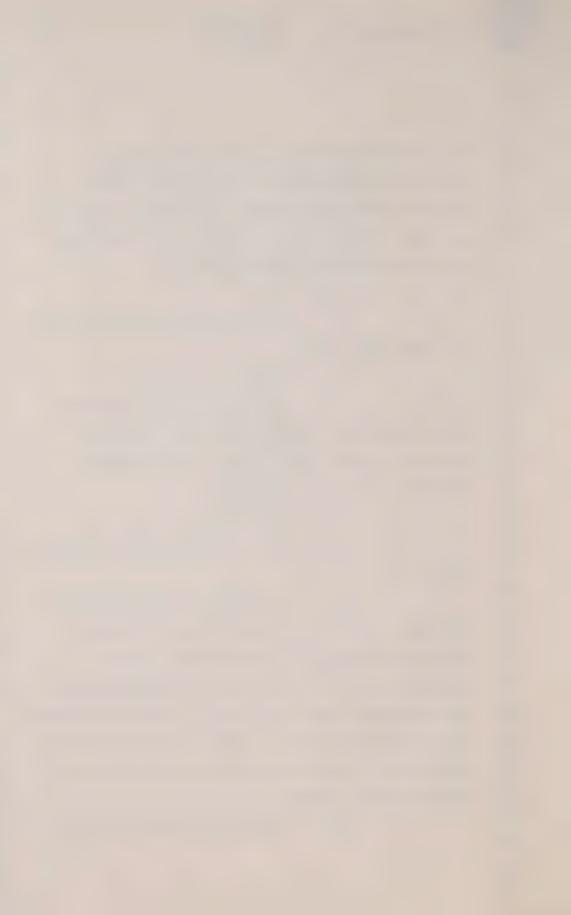
I remember that the surgical resident, I believe the cardiovascular surgical resident came to that arrest and he wanted a pacemaker to try and stimulate Baby Hines and that this was very unusual and I don't recall it happening at an arrest previously. There was some discussion as to what he wanted and we did not know what kind of pacemaker he wanted.

> Discussion between who as to Q.

23

22

24



Nelles, ex. (Lamek)

what is a min

77

1

6

7

13

9

10

li

12

1.3

2.5.0

15

16

17

18

19

20

21

22

23

24

25

A. I recall it specifically being between Phyllis and myself.

Yes. Did either of you ask

A. No, because I think we sort of wer. I sed in the arrest.

Q. Okay.

it was myself or someone else who went out to get the pacemaker and when they brought it back, it may have been me, it was not the right one, so again there was a discussion as to where to get it and what exactly the surgeon was asking for.

Q. And again a discussion between you and Mrs. Trayner?

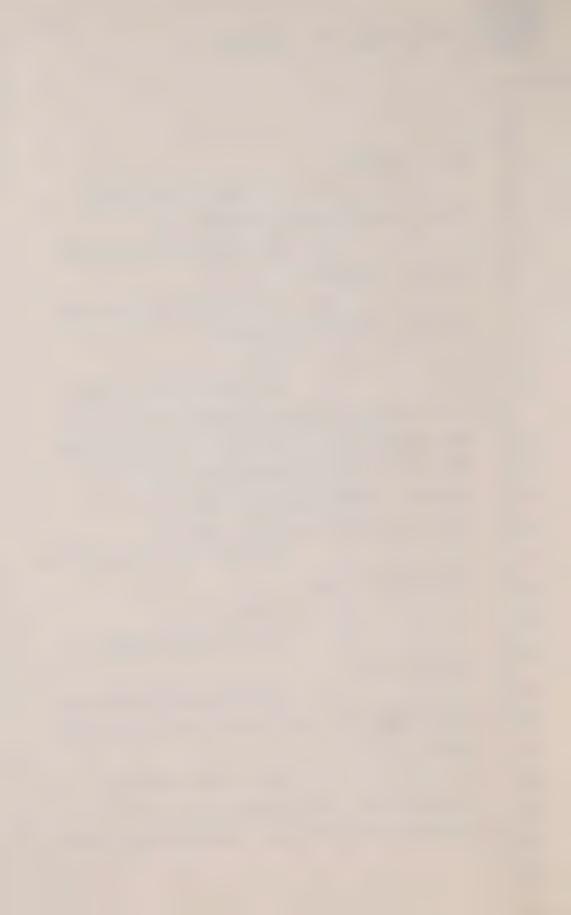
A. I think so, yes.

Q. Was anyone else involved in

the discuss on.

A. I don't remember specifically but it seems to me there was more than just the two of us.

Q. Now, you have referred to it as a discussion. We have heard it described differently here of course. Some have said it was





ĺ

187

THE PASS

...

j

13

()

11

1.1

11

15

15

17

10

20

22

23

2425

a disagreement. When you say discussion, were voices raised? Was there any disagreement between you?

A. I don't remember it as a disagreement. I remember it as a discussion, as I say, and voices may have been raised to the extent that it was something that was needed quickly and we did not want to waste time looking for it but we really did not really know what we were looking for.

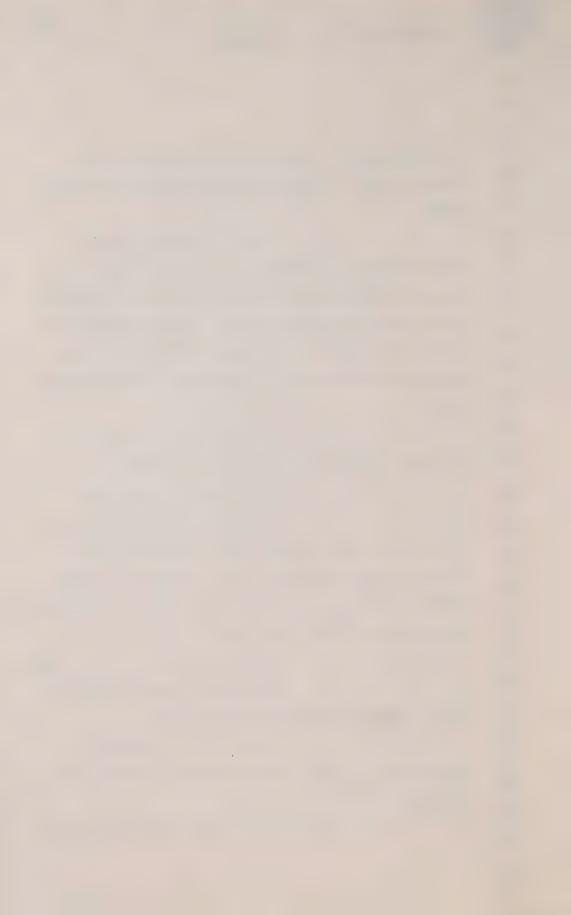
And neither of you asked the surgical resident what exactly he wanted?

No, because he was busy.

telling me, Miss Nelles, that it was more as a result of the frustration of not knowing what was wanted than because there was any anger or impatience on the part of the two of you?

That is the way I saw it, yes.

- Q. Do you have any recollection of Dr. Costigan being at the arrest?
- A. Again I don't remember it specifically related to whether he was at Baby Hines arrest.
 - Q. Do you have any recollection



The second

3

1

V

1)

31)

11

1 3

13

1.4

15

16

of either Costigan or any other doctor while that discussion was going on lifting his head from what he was doing and saying something like "Ladies, please keep it down" or something of that sort?

I don't recall that, no.

Do you recall any supervisors speaking to you after that arrest about the discussion that you had had during the course of the treatment of the baby?

No, I don't.

Did you have any other recollection of Baby Hines or of the night that he died?

A. No, I don't.

1t 3

17

18

19

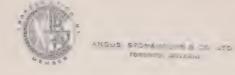
20

21

23

24





3E/DP/ak

3

5

. 21

P.

19

10

0

11

13

14

15

child.

her?

16

17

18

19

20

21

23

24

25

Q. The next night again Baby Gionas died in Room 418 at 1:45 in the morning, March 9.

You were acting as team leader again although

Mrs. Trayner was on duty and indeed she was assigned to care for Baby Gionas that night. Will you look at page 153 under Tab 13 of the assignment book there and we can fix the nursing assignments for the hight. You were in charge, had no patients assigned; Mrs. Trayner had four children in Room 418, she had all of the children in that room; Mrs. Scott had eight children spread over four rooms and Mrs. Christie was relieving on the 7th floor.

Do you have any recollection of

Baby G. . . Again I vaguely remember the

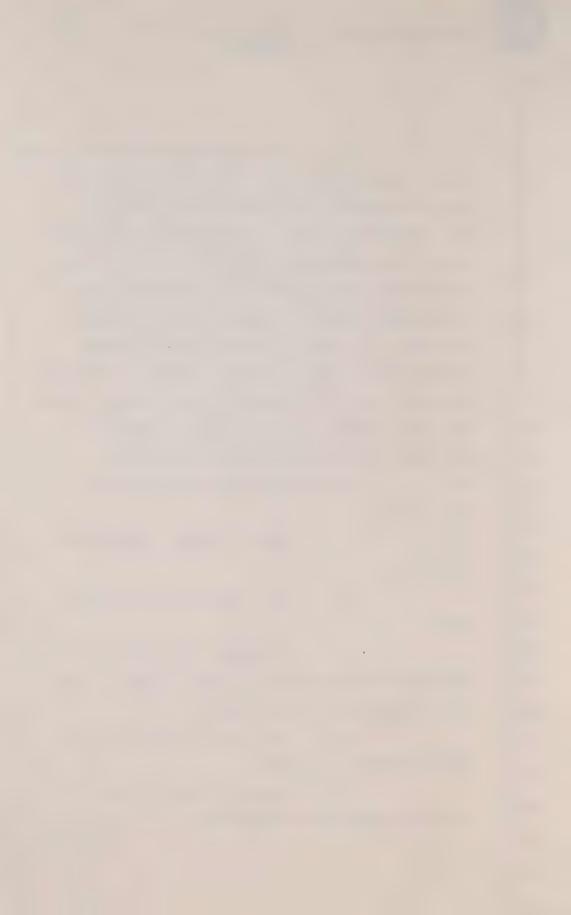
A. Again I vaguely remember the

Q. What can you tell us about

A. I remember that she was a child who had been quite ill and had spent a long time in the Intensive Care Unit.

Q. Yes. Had you cared for her while she was on the ward?

A. I am not sure if I had actually looked after her myself.



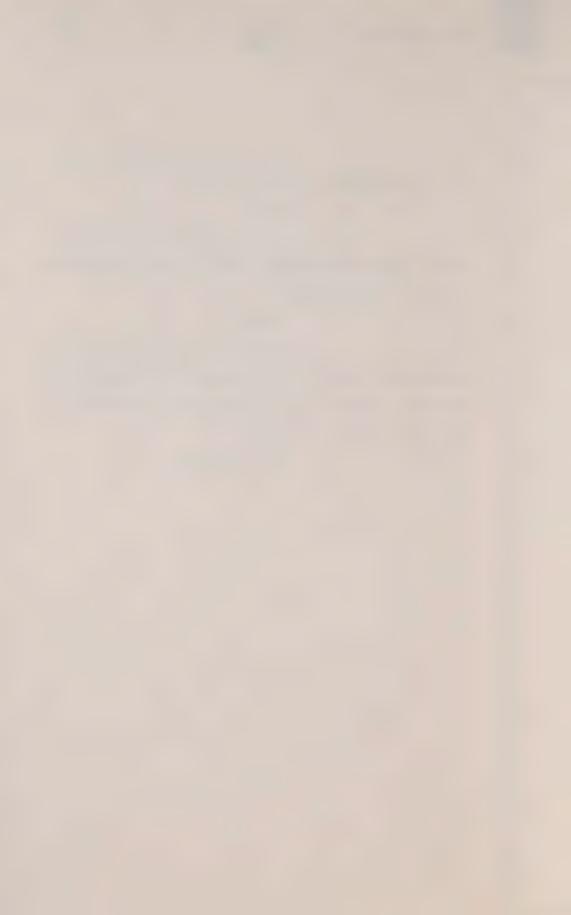


3E2

| 1 |
|---|
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 3 4 5 6 7 8 |
| 9 |
| 10 |
| 11 |
| 12 |
| 13 |
| 14 |
| 15 |
| 16 |
| 17 |
| 18 |
| 19 |
| 20 |
| 21 |
| 192021222324 |
| 23 |
| 21 |

| | | Q. | | I | do | not | see | a | note | by | you |
|----|-----|-----------|-----|----|-----|------|------|---|------|----|-----|
| in | the | preceding | few | da | ıys | anyv | vay. | | | | |

- A. Right.
- Q. So you would not have any carrent information about her as a result of having cared for her yourself?
 - A. Right.
- Q. But as team leader it's part of your job to be aware of what problems were on the there were any particular sick children you would know about them?
 - A. That is right.



| 2000 | |
|--------|----|
| e Bill | 10 |
| (Tay | j |
| | |
| MEMBER | |

23

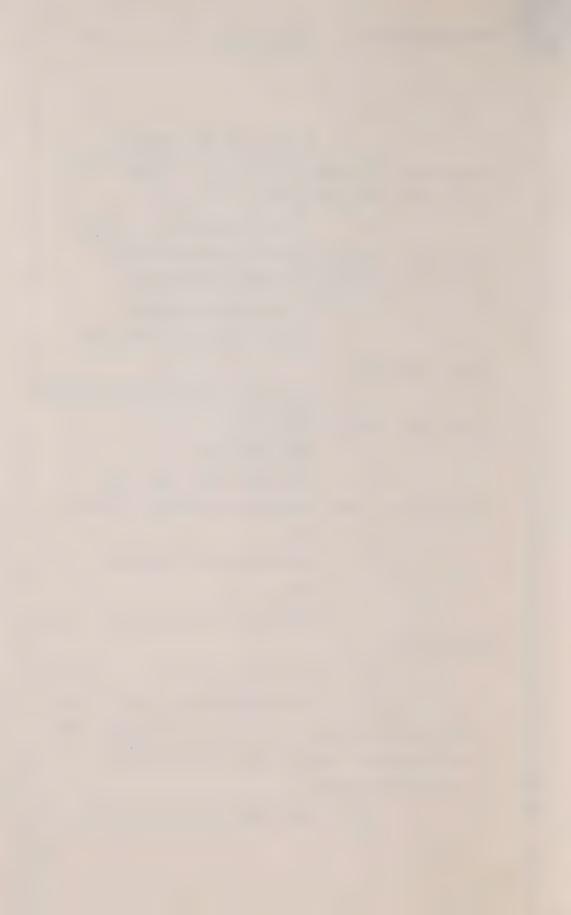
24

25

| | 1 | |
|------------|----|--|
| F DM/PS | 2 | O. Do you have any particular |
| DIA/ LO | 3 | recollection of being concerned about Barbara Gionas |
| | 4 | on the night that she died? |
| | 5 | A. I think that she was a child |
| | 6 | that needed special attention and was probably |
| | | noted on the daily report sheet indicating |
| | 7 | O. On the tour end report? |
| | 8 | A. Right, as being a child that |
| | 9 | needed attention. |
| | 10 | O. Do you have a particular recollec- |
| | 11 | tion of the events of the shift? |
| | 12 | A. Not really, no. |
| | 13 | Q. When the arrest was called I |
| | 13 | take it you as team leader would certainly be there. |
| | 14 | A. Yes. |
| | 15 | O. And would stay throughout. |
| | 16 | A. Yes. |
| | 17 | Q. Do you have a recollection of |
| | 18 | being there? |
| | 19 | A. Not really, no. |
| | | O. And therefore you couldn't tell |
| | 20 | me what role, if any, you played in the arrest, what |
| | 21 | role if any Mrs. Trayner played in the arrest, you |

TORONTO ONTARIO

alled I be there. hout. ction of ldn't tell rest, what est, you have no recollection. A. No recollection, right. I



2 3

5

4

7

6

8 9

10

11 12

13

14

15

16

such thing?

17

18

19

20

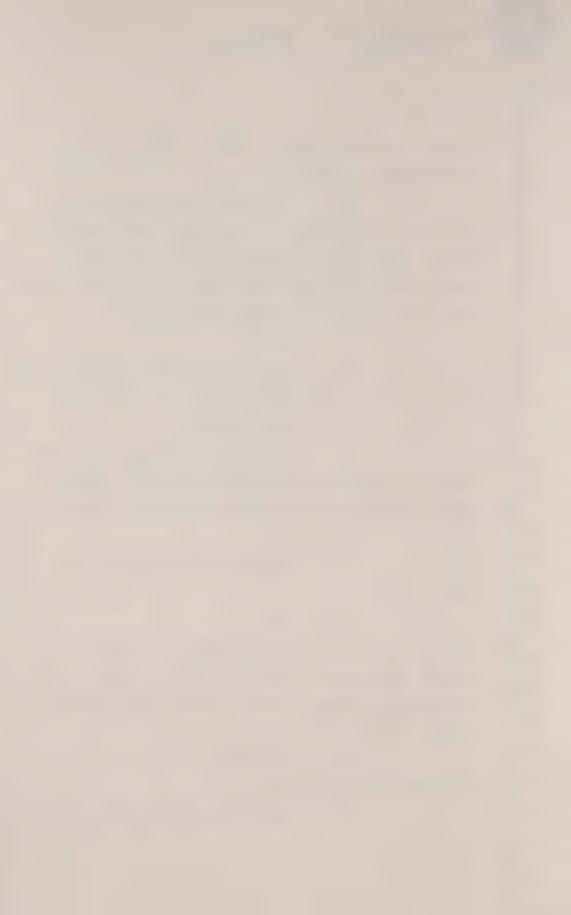
21

22 23

24

| seemed | to | nor | mal | ly | take | the | role | of | doing | cardiac |
|---------|-----|-----|-----|-----|------|-----|------|----|-------|---------|
| compres | sic | ns | at | arr | ests | , | | | | |

- Q. Now as far as medications are concerned, the medication sheet is at page 184 of the chart. You are not recorded as administering any medication to the child that night; as one would expect, Mrs. Trayner was in charge of the child.
 - Α. Right.
- Q. Did you administer any medication of any kind to that child the night that she died?
 - No, I did not. Α.
- O. And to your knowledge did anyone administer anything to her other than Mrs. Trayner, and then other than the doses of the drugs prescribed?
 - No.
 - You have no knowledge of any 0.
 - Α. No.
- O. Now when Baby Gionas died, Miss Nelles, that was the fourth death on the ward in four days, do you remember that? What was your reaction to that?
- I remember thinking that we are into a very bad time again.
 - O. Were you terribly concerned about



4

5 6

7 8

9

10 11

12

13

14

15 16

17

18

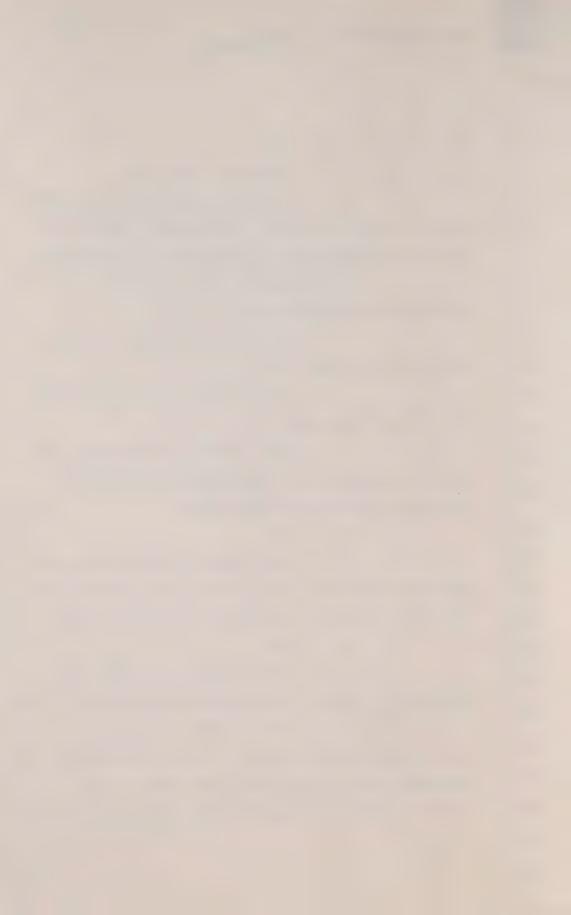
19

20 21

| 2 | 3 |
|-----|---|
| 2 | 4 |
| del | _ |
| 2 | 5 |

| four | deaths | in | four | days? |
|------|--------|----|------|-------|
|------|--------|----|------|-------|

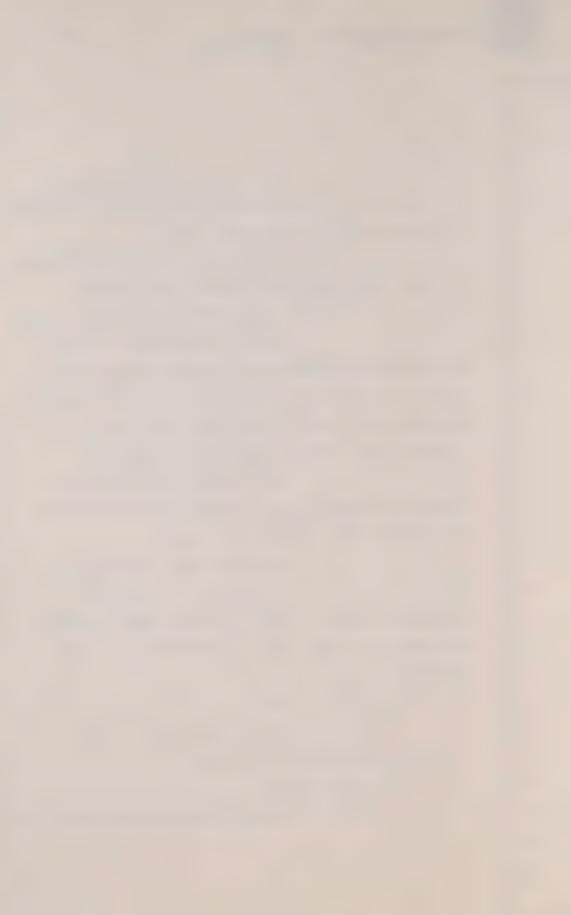
- I'm sure I was, yes. Α.
- Q. Was there a discussion among the nurses to which you were a party as to; gosh, this is even worse than the last time there was a cluster.
- A. Right. I believe there were conversations like that, yes.
- 0. How did you explain to yourself four deaths in four days?
- A. I don't really recall other than that it was devastating.
- Q. Was it about this time that you started to observe that there were some features that kept recurring in these deaths?
 - Α. Yes.
- Was it about this time that you made the observation that many of these deaths seemed to be occurring in the small hours of the morning?
 - A. Yes.
- Q. Did that come as a surprised observation to you, or a surprising observation to you?
- A. I don't think it did really, in that I didn't have a lot of - I didn't know whether it was normal for cardiac babies when they did die, whether there was a time that they seemed to die more



.

| 0 | £ | ş. | 0 | 273 | |
|---|----|----|---|-----|---|
| 0 | -1 | _ | | 11 | 3 |

- Q. But now that you had observed that so many of them did die in the middle of the night, did you ask any questions about it?
- A. I seem to recall talking about it but I don't recall ever getting any answer.
 - Q. Do you recall to whom you talked?
- A. I recall talking to, I think to Dr. Costigan or perhaps Dr. Schaffer, that I think it was sort of in that we were sort of saying, making the observation that it had, just saying that in fact a lot of these babies had died in the morning.
- Q. Did they seem to think it was unusual, or remarkable in any way that the children were dying in the middle of the night?
 - A. They didn't say anything, no.
- Q. And of course you made the connection I take it that so many of these children who died on the ward died in the presence of your nursing team.
 - A. Yes.
- Q. You had been aware of that I take it from rather earlier than March.
 - A. Yes.
 - Q. But now in March, once again, your



13

13

91

11

13

15

16

17

18

19

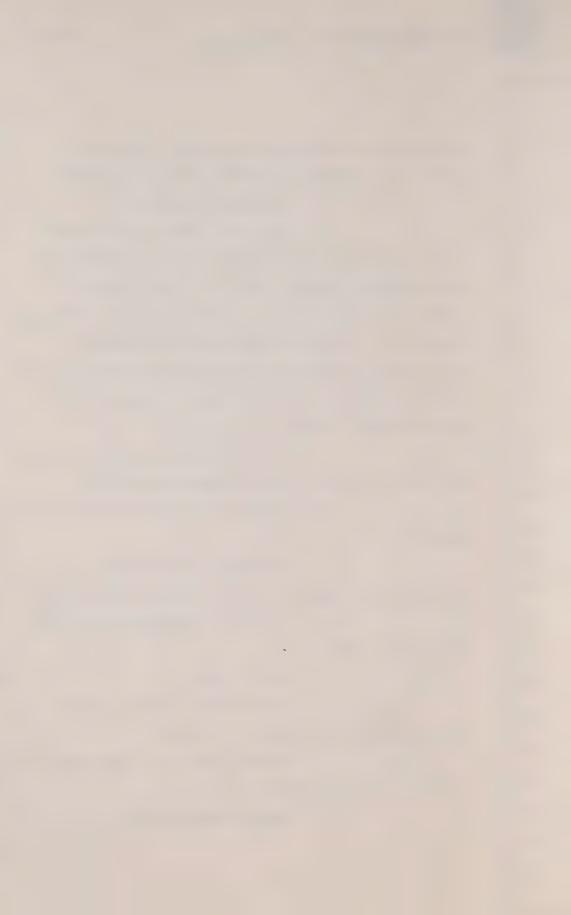
20

21

23

| nursing | team | was | on | duty | when t | these | deaf | ths were | |
|----------|-------|-----|-----|------|---------|--------|------|----------|---|
| occurrin | ıg;] | now | did | you | explair | n that | to | yoursel | f |

- A. I couldn't explain it.
- Q. Did you at this stage observe that so many of these children seemed to follow the same pattern of dying. That is to say, from an appearance, and I put it no higher than that, from an appearance of relative stability they suddenly deteriorated and then could not be resuscitated. Do you remember drawing that as a set of common features?
- A. No. The only thing that I noted was that we were not able to resuscitate them.
- Q. How did you explain that to your-
- A. I couldn't except that I it was upsetting because we didn't seem to get anywhere.
- O. All that tremendous effort and never any success.
 - A. That's right.
- Q. Did you ever speak to Kathy Coulson about the deaths on the ward?
- A. I think that as a supervisor and a nurse working under her, yes.
 - Q. Was she supportive?



2

1

4

6

8

7

9

11

12

14

15

16

17

18

19 20

21

22

23

2425

A. Yes, she was.

Q. Did she share your concern?

A. Yes.

Q. Did Miss Coulson ever tell you that some time in the early part of 1981 she had reached the point where she could not continue to believe that the deaths were sheer coincidence, or just bad luck?

A. She never said that.

Q. And that she was sure there was something happening but she couldn't put her finger on what; did she ever say anything like that to you?

A. No, she did not.

Q. Did anybody ever say anything like that to you?

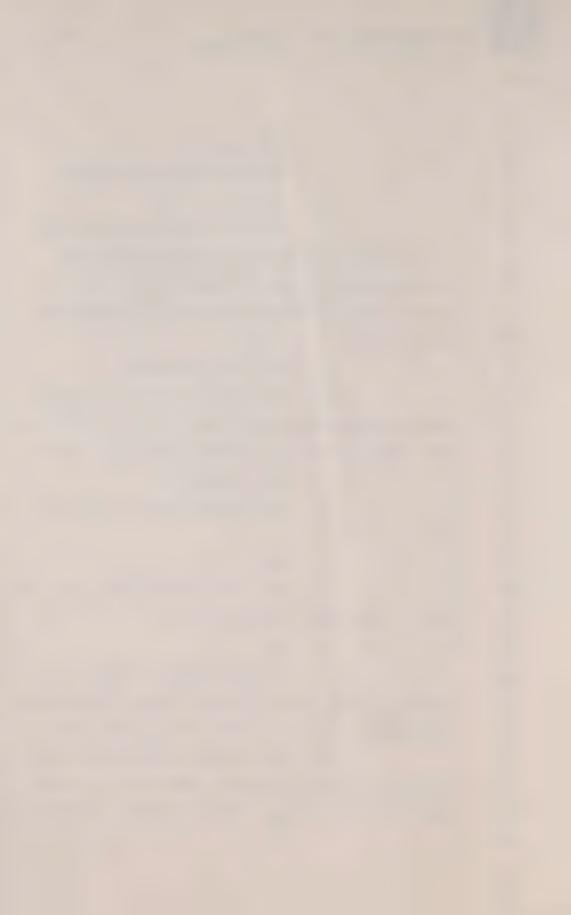
A. No.

Q. Was that a feeling that you ever, prior to March 22nd, had yourself?

A. No.

Q. You continued throughout to put the whole thing down to the most terrible coincidence, the most awful string of bad luck with your team?

A. Yes. Except to the extent that the condition of the children seemed to be, in some cases they were very ill, but we seemed to be having



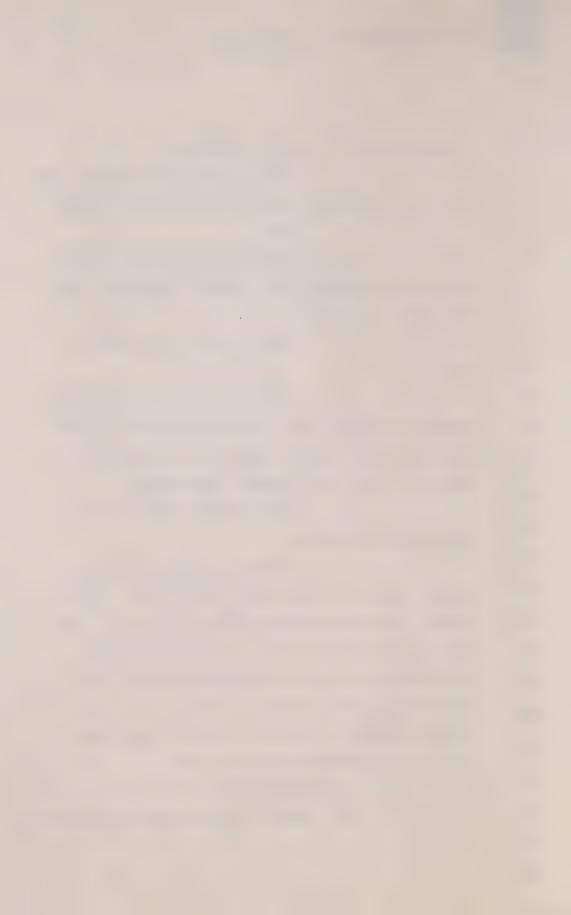
Nelles ex. (Lamek)

5 |

a large number of very ill children.

- Q. They were the same children that were being treated by other teams on other shifts?
 - A. Right.
- Q. And therefore if they happened to die on your shift, as so many of them did, that was just very bad luck.
 - A. That is all I put it up to,
- Q. You say so many of the children seemed to be very sick. Were there other children who died where you were less sure that they were so sick as to make their deaths unsurprising?
- A. The only one I can really say that about was Pacsai.
- Q. We will be coming to him in a moment, indeed we come to him almost next. Because on the long night shift of March 11th to 12th there were two problems on Ward 4B you will remember, a baby whom we hear called Manojlovich died in Room 438 at 3:35 in the morning, and Pacsai got into serious trouble in Room 431 and was transferred to the ICU and subsequently died there.

THE COMMISSIONER: I wonder, Mr. Lamek
MR. LAMEK: Is this time for the break?



ele . r

7 8

THE COMMISSIONER: Is this a good

MR. LAMEK: It is certainly convenient.

THE COMMISSIONER: All right we will

in Laure

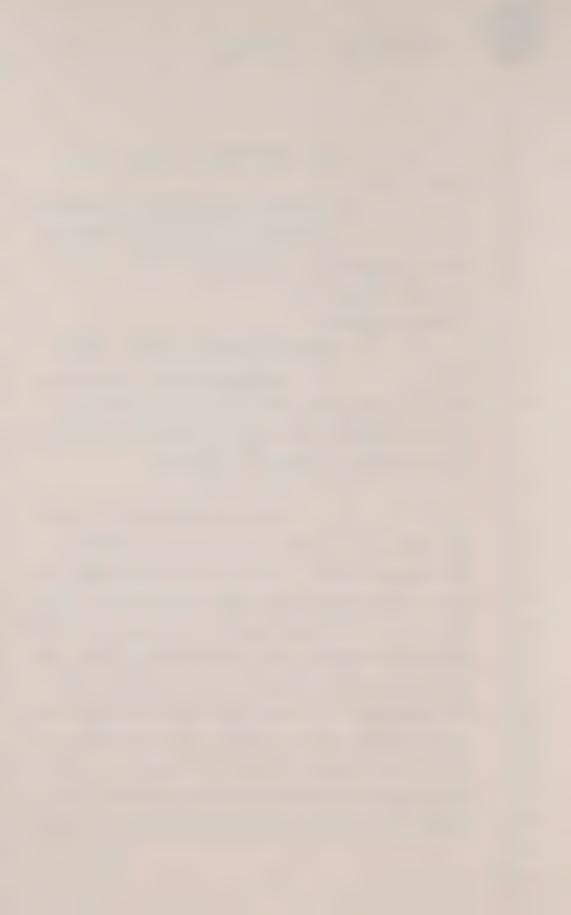
there are an extended a

THE COMMISSIONER: Yes, Mr. Lamek.

Q. Now Miss Nelles we decided, or I think we were agreed that on the night of the two problems, March 11th to 12th, on 4B you were relieving that ward that night, were you not?

A. Yes, I was.

assignment book, which is Tab 14 in that book you have there, on page 127, that is the long night shift at the bottom right hand corner for Wednesday, March 11th, and it shows Miss Halpenny in charge of the ward with three patients, two in 414 and one in 433. Miss Harwood Jones had a patient in 438 and one in 439, and responsible for doing medications in another room. Susan Reaper with two children in 411 and three in 410. Mrs. Lyons with three in 431 and two in 433. And yourself relieving with four patients in 437, Pacsai in 431 and doing all the medications in Room



| | а |
|--|---|
| | п |
| | 3 |
| | - |
| | |
| | |

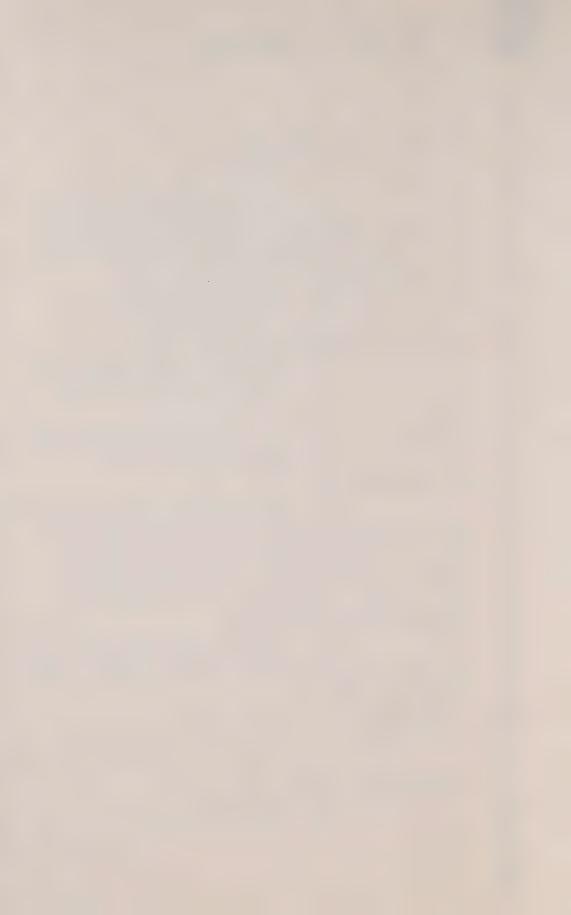
child.

| 431 | , tha | at. | 1.5 | so, | isn' | t | it? |
|-----|-------|-----|-----|-----|------|----|-----|
| | | | | Α. | | Ri | ght |

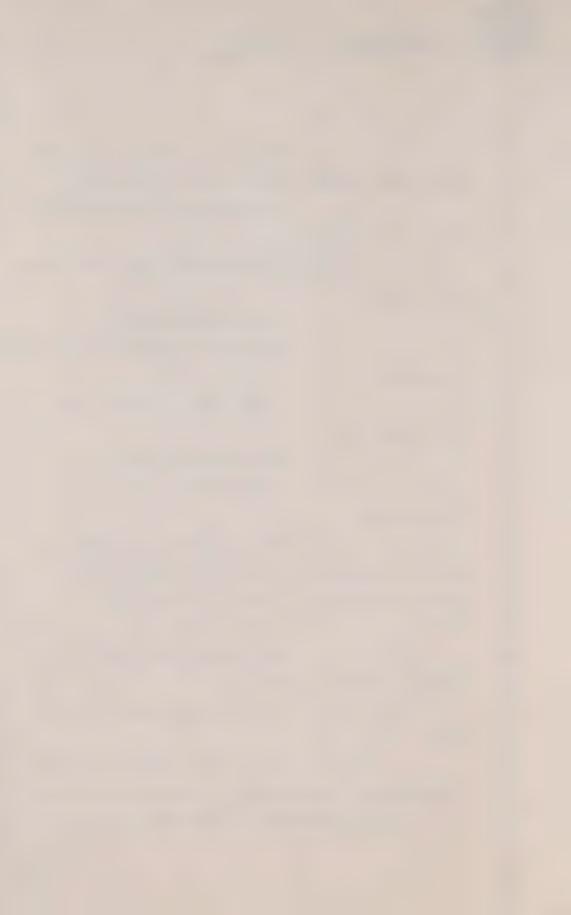
ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

- O. Let's deal with the Manojlovich baby first. Dîd you have any contact with that child either on the night that she died, that is up to the time of her arrest, or at any prior time?
- A. I had never looked after her myself but I had been made aware of her.
 - O. You had been made aware of what?
 - A. I had been made aware of the
- Q. And what was your understanding as to her condition?
- A. Again she was a child that had spent a long time in the intensive care unit, and she was finally transferred up to the ward and was in a single room, I believe under isolation and still required a lot of attention.
- Q. She was in Room 438, and I take it therefore she was being cared for by Miss Harwood-Jones that night.
 - A. That's right.
- Q. Did you see the baby on the night that she died, prior to the arrest?
 - A. No, I didn't.



| 1 | |
|----|--|
| 2 | Q. Prior to the time of her arrest, |
| 3 | did you see anybody from 4A over on the 4B side? |
| 4 | A. I believe that Phyllis came over |
| 5 | to see me in Room 431. |
| 6 | Q. On one occasion, or on more than |
| 7 | one occasion? |
| 8 | A. I don't really remember. |
| | Q. What was the purpose for her coming |
| 9 | to see you? |
| 10 | |
| 11 | I was making out. |
| 12 | Q. How long did she stay? |
| 13 | A. I don't recall, not very long |
| 14 | I would think. |
| 15 | Q. Did you see her or anyone else |
| 16 | from 4A on the ward at any other time that night, |
| | prior to the arrest of Michelle Manojlovich? |
| 17 | A. I don't recall, no. |
| 18 | Q. Have you any idea when Phyllis |
| 19 | Trayner came over to see you? |
| 20 | A. I don't remember what time it |
| 21 | was. O. In the early part of the shift, |
| 22 | that is prior to the arrest of Michelle Manojlovich, |
| 23 | where did you spend most of your time? |
| 20 | where did you spend most be your sense. |





| CRIPT. | |
|---|---|
| 9 | |
| * / Smerten a | |
| A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| G 113 | |
| 一月 日本田 | i |
| De Carrier Con Mariante | |
| the same of the let | |
| Total Control of | |
| E 28.36 | |
| 32 Car (3) | |
| . 65 | |
| A. Comment | |
| M M B P- | |
| | |
| | |

ANGUS, STONEHOUSE & CO. LTD.

TORONTO ONTARIO

| 1 | |
|---|---|
| | |
| 2 | - |

3

4

5

6 7

8

9

10 11

12

13

14

15

16

17

18

19

20

21

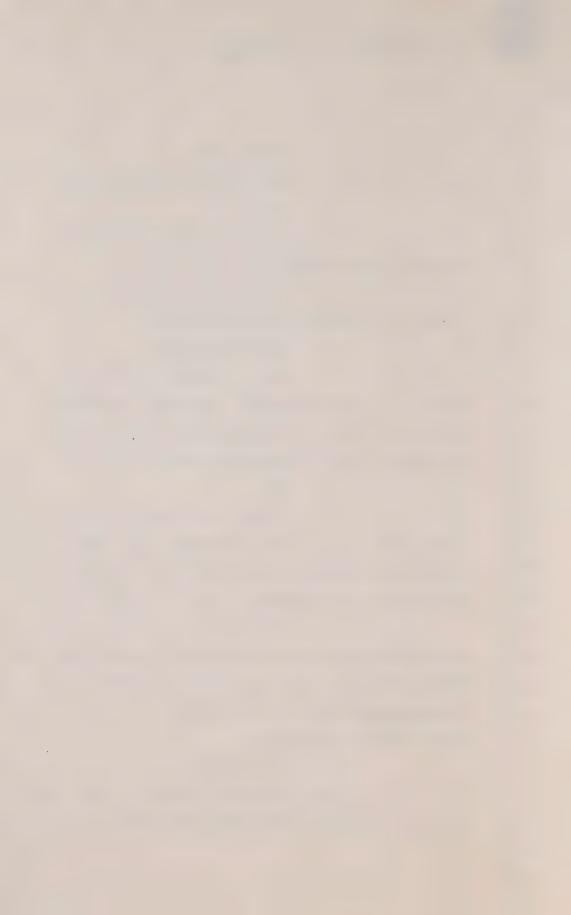
22

23

24

| Α. | In | Room | 437 |
|----|----|------|-----|
| | | | |

- 0. Where you had four patients?
- Α. Right.
- 0. How much of your time did you spend with Baby Pacsai?
- For the first part of the shift I would say perhaps about 45 minutes.
 - 0. In the aggregate?
- Yes. I changed he had one Α. type of I.V. started up and I changed it to another type, and I gave out the medications because I was responsible for all the medications in that room.
 - 0. Yes.
- I gave those out, and I believe I fed Pacsai, and I think that would have taken as I say about 45 minutes to an hour, and then the rest of the time until midnight I was in the other room.
- 0. Now that 45 minutes to an hour that you think you spent with Pacsai in the early part of the shift, was that one continuing period of 45 minutes to an hour, or was that broken up over different visits to the room?
 - It was broken up. Α.
- So we are looking at that amount of time in the aggregate spent with Pacsai.



| 1 | |
|---|--|
| _ | |
| 2 | |

4

5

6

100

8 0

10

11 12

13

14

15

16

17

18

19 20

21

22 23

24

25

| 0 |
|---|
| |

0. When the Manojlovich arrest was called, did you go to assist?

- Α. Yes, I did.
- 0. And you did assist in the arrest?
- A. Yes, I did.
- What did you do? 0.
- I did cardiac compressions.
- 0. Who else was there assisting

with the resuscitation effort?

A. I remember Mary Jean Halpenny, Susan Reaper, Debbie Harwood-Jones and Phyllis.

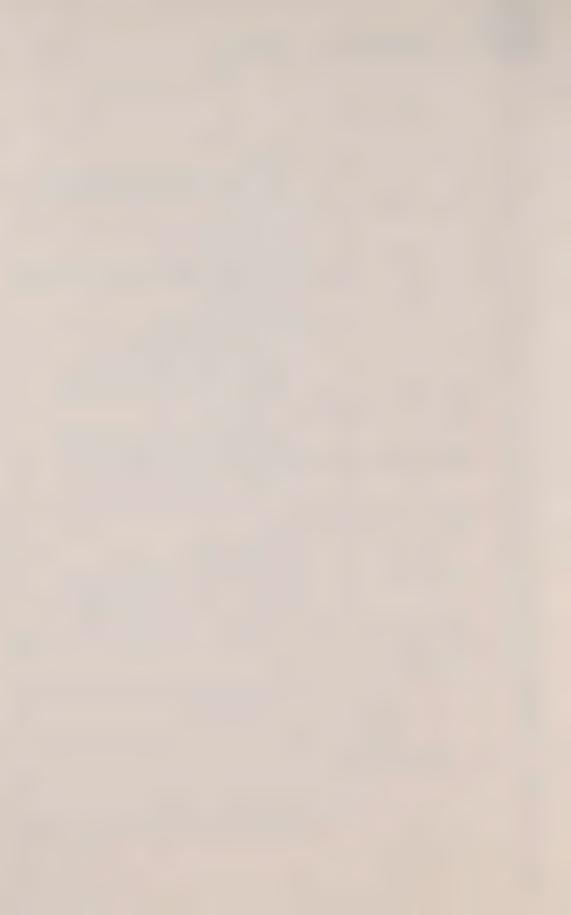
O. And were they all participating in the resuscitation effort?

> Yes, they were. Α.

- 0. What was Mrs. Trayner doing?
- She was standing at the door a Α. lot of the time, and was going to get things that people were asking for.
 - Was she there throughout the arrest?
 - No, she was not.
 - Can you tell me approximately how 0.

long she was there?

- I don't really know. Α.
- Was she actually in the room at any Q.





14 1 1 1 1 1 2 3 1

2 de

| | | | Α. | I | think | so, | yes, | but | my | recall | is |
|--------|----|-----|----------|-----|--------|------|-------|-----|----|--------|----|
| that s | he | was | standing | g 5 | at the | door | cway. | | | | |

- Q. And the others that you have mentioned, that is to say, Halpenny, Harwood-Jones and Reaper, were they actively involved assisting in the arrest?
 - A. I think so, yes.
- Q. Drawing up drugs, passing drugs, recording and that sort of thing?
 - A. Right.
- Q. I take it that Miss Halpenny as the team leader, the acting team leader that night, was in charge of the arrest.
- A. It doesn't really work that way. Yes, I suppose ultimately as team leader she was in charge.
 - Q. Okay, you tell me how it works.
- A. I would say she would be in charge of the nursing and helping, along with the supervisor, to see that the nurses were being helpful, but I mean I think of, at an arrest situation, that the arrest team are the people who are in charge.
- Q. You are quite right, I meant in charge of the nursing component of the resuscitation



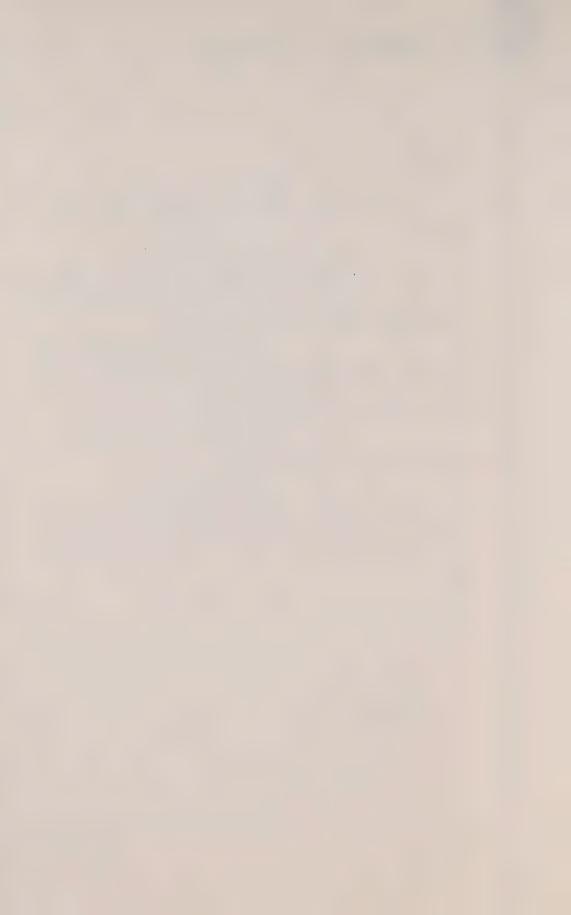
ANGUS, STONEHOUSE & CO. LTD. TORONTO, ONTARIO

| 40 8 | let . | 1 |
|------|-------|--|
| | _ | |
| | 4 | 1 |
| | 10 | |
| | 0 | and address |
| | L | |
| | 2 | - |
| | J | |
| | d | [|
| | 2 | |
| | 5 | - |
| | | The state of the s |
| | 6 | |
| | | - |
| | 7 | Name and Address of the Owner, where |
| | | - |
| | 8 | |
| | | - |
| | 9 | - |
| | | |
| 1 | 0 | - |
| , | d | 1 |
| 1 | 1 | The second |
| 1: | 2 | İ |
| L. | 4 | |
| 1 | 3 | - |
| 40 | | |
| 1 | 4 | |
| | | |
| 1. | 5 | |
| | | |
| 1 | 6 | - |
| | | |
| 1 | 7 | |
| | 0 | |
| 13 | 8 | |
| 19 | 0 | 1 |
| 1.7 | , | |
| 20 |) | |
| | | |
| 2 | 1 | |
| | | |
| 2 | 2 | The state of the s |
| | | |

23

24

| - | an. |
|------|---|
| j | |
| 2 | effort. |
| 3 | A. Right. |
| 4 | Q. And she was performing that |
| 5 | role? |
| 6 | A. I think so, yes. |
| 7 | Q. Did she appear to be experienced |
| | in running resuscitation efforts? |
| 8 | A. I don't believe that Mary Jean |
| 9 | had been team leader for a very long period of time |
| 10 | that night, like before that night. |
| 11 | Q. And indeed was she normally a |
| 12 | member of Bertha Bell's team? |
| 13 | A. I believe so, yes. |
| 1 | Q. And at this time Mrs. Bell was |
| 14 | still the regular team leader of that team, was she |
| 15 | not? |
| 16 | A. Yes, I think so. |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| | |
| 21 | |
| 13.3 | |





| | G | | |
|----|---|---|---|
| ВВ | / | C | r |

| | | Q. | Just | didn' | t | happen | to | be | or |
|------|------|------------|--------|-------|---|--------|----|----|----|
| duty | this | particular | night? | ? | | | | | |

A. Right.

Mrs. Trayner at that arrest you say she was in the door and going to get things and so on. You say she didn't stay throughout the arrest but you can't tell me just how long she did stay. Was she there at the beginning of the arrest or at the end or some period in the middle or what?

A. I believe we all came when the arrest was called and, as I say, my recollection is of her standing at the door and being asked to go and get things.

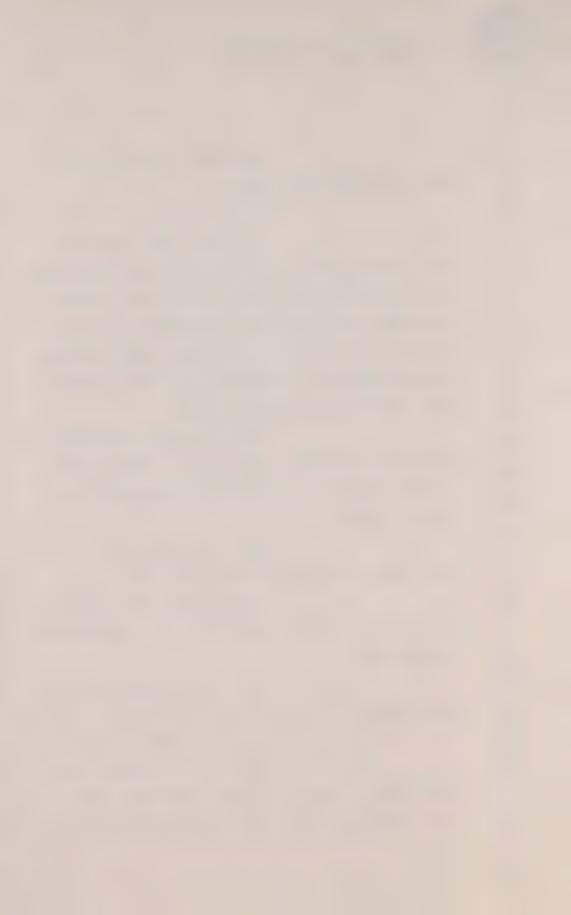
Q. Okay. Now, is it your recollection that at some point she left?

A. I believe so, yes, because she was, as I say, my recollection is of her going to get things.

Q. But I mean left and didn't come back, did she do that at some point?

A. I think so, yes.

Q. Okay. Do you remember any other arrest where Mrs. Trayner performed that role, standing at the door and going to get things?



2:

3

4

5

17

8

91

10

11

12

13

14

15

17

18

19

20

21 | 22 |

23

24

AU 1

A. I don't recall, no.

Q. Do you remember any occasion when she did not participate actively in the room as part of a resuscitation effort?

A. No, I don't remember.

Q. You have told us not only yesterday but again --

THE COMMISSIONER: We have to find out about that too. You don't remember what?

THE WITNESS: I don't remember doing that, having that role at an arrest.

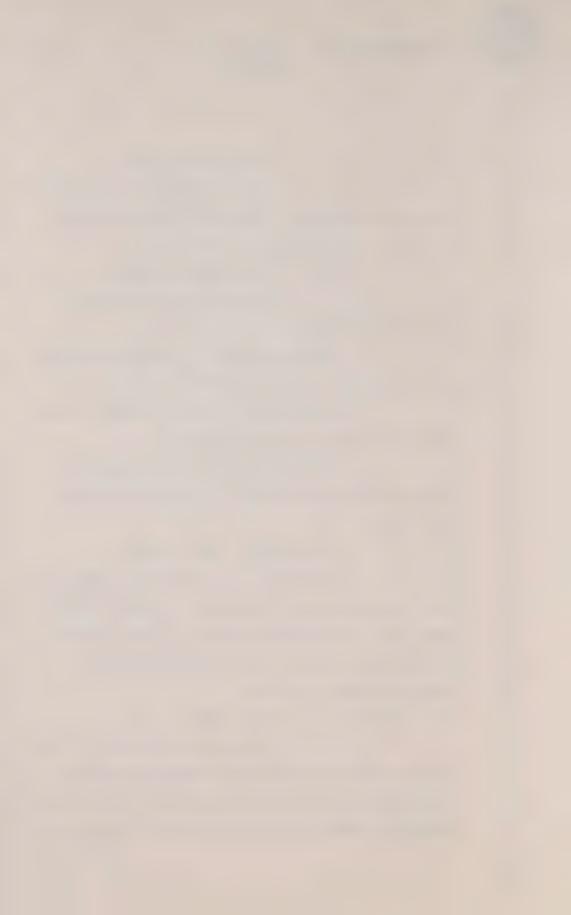
THE COMMISSIONER: Does that mean that you remember as having a different role, is that right?

THE WITNESS: That's right.

MR. LAMEK: Q. And my next question was whether you ever remembered her doing anything other than actively participating in the room and you said, no, that was what you remembered her doing on other occasions?

A. Yes, right.

Q. You told us something yesterday and you told the Commissioner something further this morning about your observation of Mrs. Trayner's manner and demeanour at other arrests. Were you



TORONTO, ONTARIO

1

2

3 4

6

43

10

} .

13

14

15 16

17

18

19 20

21 22

23

| 2 | 4 |
|----|---|
| de | - |

aware that Bertha Bell had on one occasion complained to Mrs. Radojewski that Mrs. Trayner took charge of arrests on 4B even in Mrs. Bell's presence?

- A. No, I didn't.
- 0. You were not aware of that?
- A. No.
- 0. All right. I take it Mrs. Bell was an experienced nurse in your view?
 - A. Yes, she was.
 - 0. And an experienced team leader?
 - A. Yes, she was.
 - So far as you knew was she Q.

much more experienced than Nurse Halpenny?

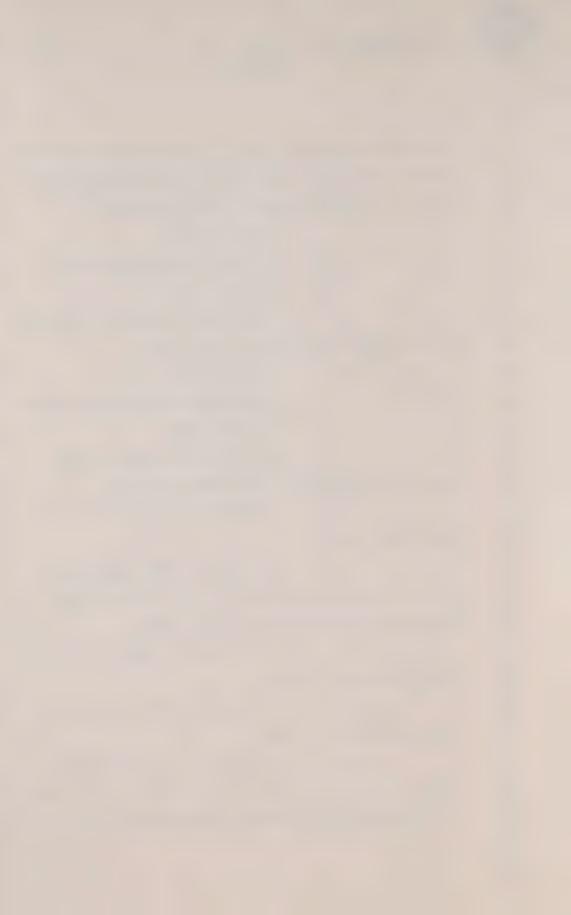
A. She had more experience as a clas leaner, yes.

All right. Baby Manojlovich Q. died, as we know. What did you do following the termination of the resuscitation effort?

I went back to Room 431 to A. look after Kevin Pacsai.

All right. And what did you Q. find when you got there?

- I found that he had changed.
- All right. Refer to the chart 0. if you need to by all means, Miss Nelles, but can





| 1 | | |
|---|---|--|
| | | |
| 0 |) | |

1

6

7

81

D

10

11

124

13 !

141

15

16

17

18

191

ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

you tell me, how had Baby Pacsai been in the first part of the shift prior to your going off to the arrest in Manojlovich's room?

- He had been stable. A.
- 0. He had been stable?
- Yes. Α.
- All right. The nursing note for that shift is found at page 65 of the chart. You record apex ranging from 151 when upset, down to 87 when asleep had a slow/fast irregularity on three occasions, tolerated his feeding well and rank eagerly, respirations 32/37, very shallow at times and to be frothing at the mouth a couple of times; chest sounds clear, good air entry and he was pink in room air.

Your impression of him, notwithstanding that the was some manifestations of up and downness if I can put it that way, was that he was stable?

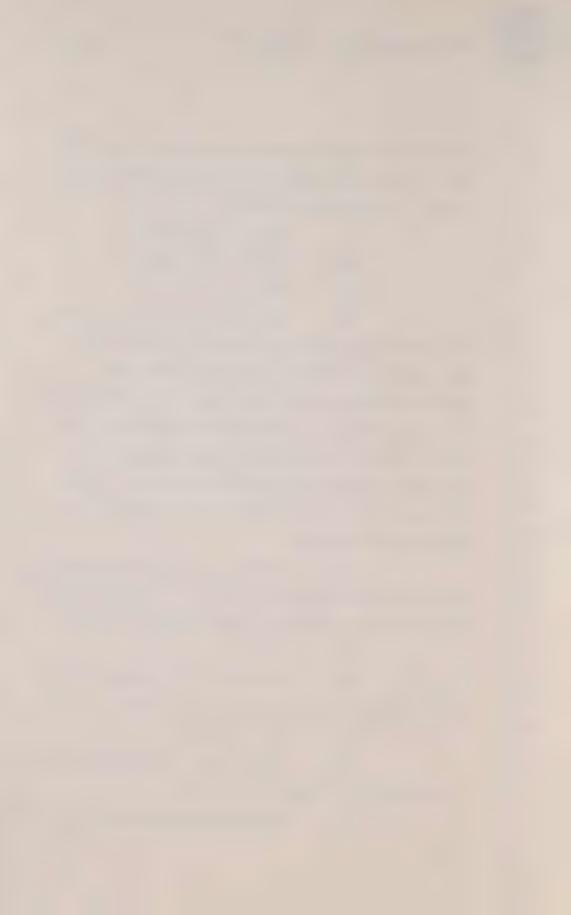
- A. Yes.
- You were not concerned about that child in the first part of the shift?
 - No, I was not. A.
- All right. And what did you find when you got back to his room?
 - The first thing that I had tried A.

20 | 21 |

22

23

24



2

4

6.0

7

()

111

1

13

15

16

17

18

19

20

21

22

23

24

25

to do when I got back to the room was to feed him and I found that this time, unlike the two previous occasions when I had fed him, he wasn't interested at all in the feed.

Q. Yes.

A. And he seemed very lethargic and almost limp in my arms.

Q. Yes, anything else about him?

A. I believe it was at that time that I first noticed that his apex was irregular and that his monitor was showing episodes of tachycardia alternating with periods of bradycardia; in other words, that he would have periods where his heart would be going extremely quickly and then periods where his heart would seem to be going very slowly.

Q. Was that not the same thing

*Mough that you have recorded in the first part of

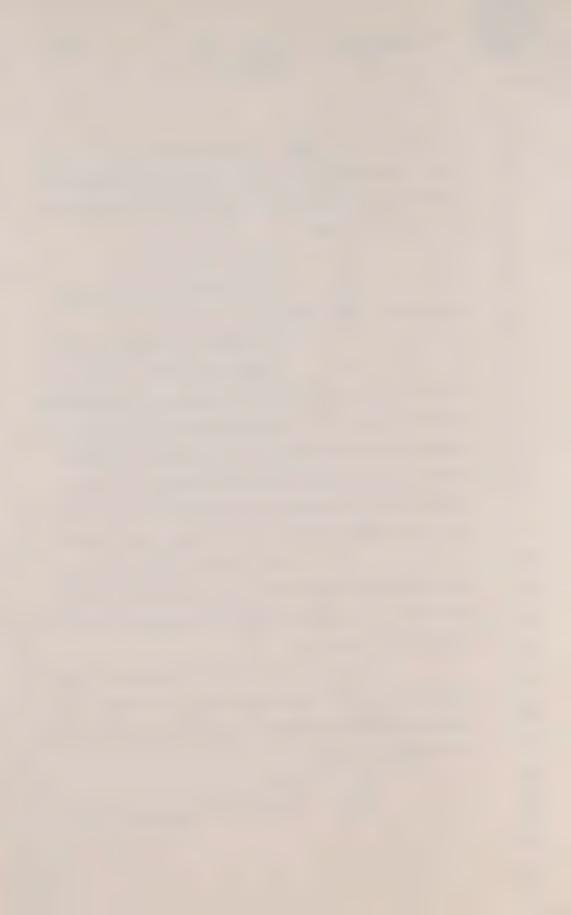
the shift. You referred there to slow/fast irregularity

on previous occasions?

A. But that's different in terms of, that describes the actual rate of the heart for the minute; like, normally you record the heart rate and beats per minute.

Q. Yes.

A. And when you describe a



slow/fast irregularity it is describing that rate in a minute. So, in other words, rather than the beating being irregular that there may be sort of two or three beats and then a pause and then two beats and then one beat and then three beats. It's an irregular pattern over that course but what I am describing here is that --

Q. I am sorry, I am losing you.

You have just described for me which irregularities,
the pre 3:45 or the post 3:45?

A. Pre.

Q. You have just described what you mean by slow/fast irregularity in the early part of the shift?

A. Right.

Q. All right. As contrasted with what in the second part?

A. Where he actually showed periods where for, say, a three minute period or whatever that his heart rate would be in the 70 to 80 range and then in the next period it would be in the greater than 160 range.

Q. I see. And the latter kind of irregularity was of more concern to you than the former kind?



| 1 | |
|---|--|

3 4

at

5

6

8

9

10 11

12

13

14

15

16

17

18

19

20

21

22

23

24 25

| | | | A | • | In | light | of | the | condi | tion | Care |
|----|--------|-------|-----|-------|-----|--------|-----|-------|-------|-------|--------|
| in | light | of | the | other | syr | nptoms | tha | at he | was | exhib | oiting |
| at | that t | -i me | 2 | | | | | | | | |

Q. All right. You mentioned the lethargy, what else was there?

As I said, the inability like, whereas before he couldn't wait to get to the bottle and was very hungry.

> 0. Yes.

Α. And then this time just wasn't interested at all.

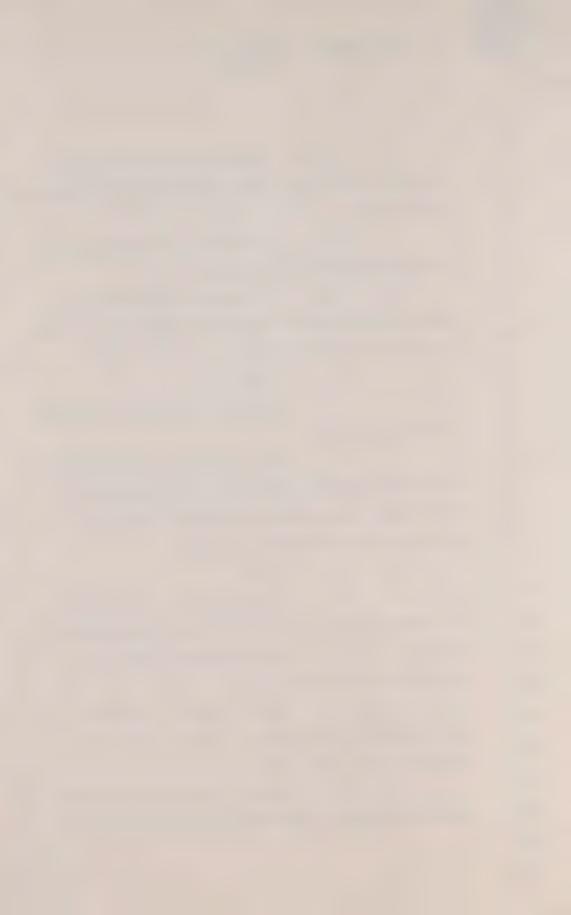
0. So, we've got this irregularity of the kind you are describing, the alternating bradycardia and tachycardia and we've also got this lethargy and disinterest in feed?

> Right. A.

Anything else? You record his respirations as shallow but they have been very shallow at times in the early part of the shift. Was that a change in any way?

That was what I noticed in the beginning of the shift. I don't recall any change in that after 3:45.

Okay. You record his blood 0. pressure decreased from 100 over pulse down to 76,



| 1 | |
|----|--|
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |

was that also a change in the child when you found him when you came back?

- A. Yes.
- Q. How long were you away?
- A. I would say about an hour.
- Q. Now, you told Mr. Sopinka yesterday of your efforts to persuade physicians that Kevin Pacsai was getting into difficulties and that you were concerned?
 - A. Yes.
- Q. And I don't intend to take you through that again unless there is something that you want to add to it.
 - A. I don't think so.

THE COMMISSIONER: Well, the only thing
I would like to say about it is that from your note
on page 65:

"Dr. Costigan and paediatric medical resident notified and examined baby.

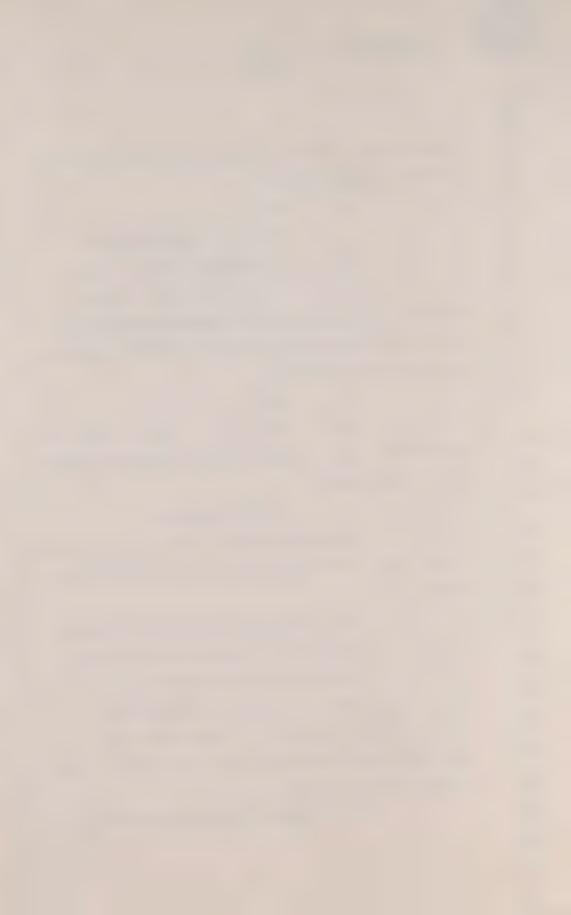
Arrangements for transportation to ICU made. Continued to monitor baby..."

What more did you want than that. If

they transferred the child to the ICU wouldn't that be sufficient for you?

THE WITNESS: They did not make the

22



arrangements to transfer the baby until approximately 5:30 and what my concern was was that a physician who supposedly knew the most about - the paediatric fellow, paediatric cardiology fellow was the one - the paediatric and medical resident may or may not have any knowledge or any great knowledge of paediatric cardiology and Dr. Costigan is the chief resident at the Hospital and it was my concern that the person who knew the most or should know the most about this baby was the one who went home.

THE COMMISSIONER: Or wasn't there at all to begin with.

MR. LAMEK: I think the notes are shorthand and omits something does it not, Miss Nelles. Your note records that Costigan and the paediatric medical resident arranged for the transfer of the child to the ICU.

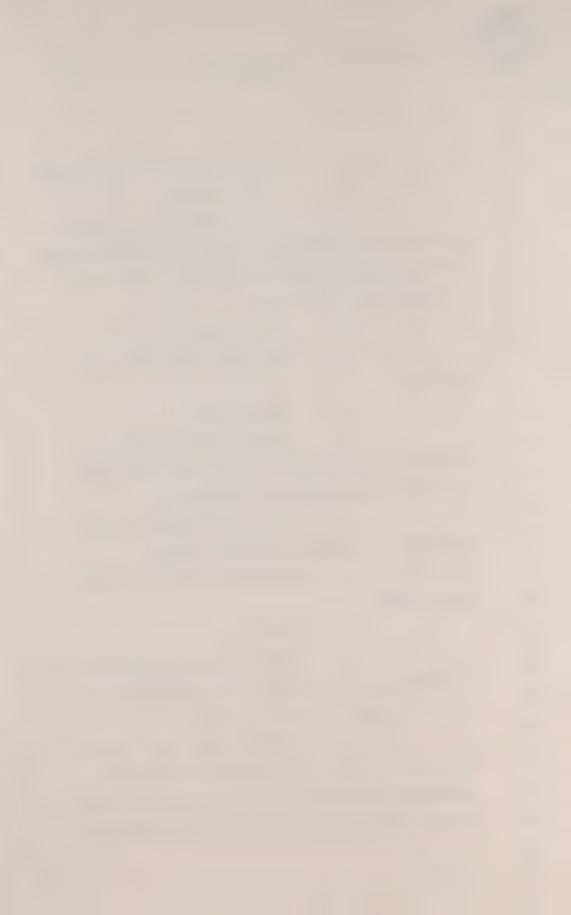
- A. Right.
- Q. But your note does not include the kind of thing you were talking to Mr. Sopinka about yesterday?
 - A. That's right.
- Q. Your earlier efforts to interest physicians in the condition of the child.
 - A. Right.





24

| | (Lamek) |
|----|---|
| 1 | |
| 2 | Q. One of them left the Hospital? |
| 3 | A. That's right. |
| 4 | Q. And it was, as I understood |
| 5 | your evidence yesterday, you were frustrated at the |
| | lack of response before Costigan and the medical |
| 6 | resident came to the room? |
| 7 | A. That's right. |
| 8 | Q. When they came things got |
| 9 | moving? |
| 10 | A. That's right. |
| 11 | Q. Okay. But you have not |
| 12 | referred in this note to the earlier events that |
| | you found frustrating and troublesome? |
| 13 | A. Just the condition I just |
| 14 | described, the condition of the infant. |
| 15 | Q. But not the visit by other |
| 16 | physicians? |
| 17 | A. No. |
| 18 | Q. That is what you were telling |
| 19 | Mr. Sopinka about yesterday, as I understood it. |
| | A. That's right. |
| 20 | Q. And that was in the context of |
| 21 | his asking you about the remark that had been |
| 22 | attributed to you that you were said to have been |
| 23 | relieved when Pacsai died because maybe now the |





ANGUS. STONEHOUSE & CO. LTD. Nelles, ex. (Lamek)

| | _ |
|----|--|
| 1 | |
| 2 | physicians would listen when the nurses told him the |
| 3 | babies were in trouble? |
| 4 | A. Yes. |
| 5 | THE COMMISSIONER: But I take it there |
| 6 | is nothing in your note here about calling upon the |
| | cardiac fellow? |
| 7 | THE WITNESS: Right. |
| 8 | THE COMMISSIONER: That you remember, |
| 9 | do you? |
| 10 | THE WITNESS: I strictly remember it, |
| 11 | yes. |
| 12 | THE COMMISSIONER: Do you? |
| 13 | MR. LAMEK: Q. At what stage should |
| | you call on the cardiac fellow? |
| 4 | A. I believe very early on after |
| 15 | I went back to Kevin's room after the Manojlovich's |
| 6 | arrest. |
| 7 | Q. After you returned to the |
| 8 | room from the arrest and observed these symptoms? |
| 9 | A. Right, I think I went back to |
| 0 | the desk and said - I don't believe Dr. Costigan |
| 1 | was there at the time, it was Dr. Kantak and Dr. |
| | Ning and I explained that I was worried about this |
| 22 | child. |

Q. Right. Now, if you turn back



| 1 | |
|----|---|
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | 1 |
| 20 | |

4.

to page 63 of the chart. Perhaps we can cover it this way, Miss Nelles. Michelle Manojlovich was pronounced dead at 3:35 in the morning?

A. Right.

Q. And is it your recollection that you went from that room directly to 431 to Pacsai?

A. I may have helped clean up and assist at the end of the arrest.

Q. What's your best estimate as to when you got back to Room 431?

A. I would say around quarter to

Q. A quarter to 4. Now, if we look at page 63 of the Pacsai chart there is a note by Dr. Costigan which appears to be dated 0530 hours and says:

"Asked to see Kevin because of anxiety re episodes of bradycardia down to 50-60 alternating with rates of 150".

A. Right.

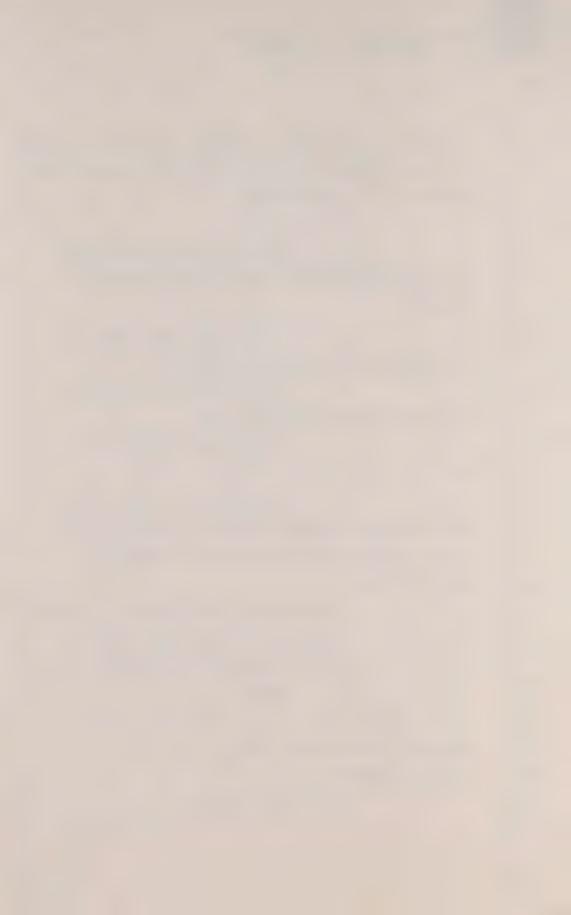
Q. Do you recall Dr. Costigan coming to see the child before 5:30, as his note seems to suggest?

A. No, I don't.

24

21

22



| ANOTE AND ANOTE | GUS, : |
|---|--------|
|---|--------|

24

25

| | (Editor) |
|----|---|
| 1 | |
| 2 | Q. And was it in the period between |
| 3 | a quarter to 4 and 5:30 that you called on the cardiac |
| | fellow, Dr. Kantak and Dr. Ning? |
| 4 | A. Right. |
| 5 | Q. Okay. While we are on Dr. |
| 6 | Costigan's note can we look at it for a moment. |
| 7 | Dr. Costigan appears to have looked at a rhythm |
| 8 | strip on the child's monitor? |
| 9 | A. Right. |
| 10 | Q. And he recorded his observations |
| 11 | from that strip: |
| 12 | "Slightly prolonged PR; sinus |
| 13 | bradycardia; sinus or nodal tachycardia; |
| | intermittent 2 to 1 block." |
| 14 | And then he arrives at a differential |
| 15 | diagnosis, does he not: Sick sinus ? dig. toxic. |
| 16 | Were you aware that those were the |
| 17 | differential diagnoses that Dr. Costigan made when he looked at the child at 5:30 in the morning? |
| 18 | A. I believe so, yes. |
| 19 | Q. Was that from seeing his note |
| 20 | or did he say something to that effect? |
| 21 | A. I think I asked him what he |
| 22 | thought was the matter with the child? |
| 23 | Q. And he said? |
| | 7 What he thought newhore he was |

That he thought perhaps he was displaying symptoms of sick sinus syndrome or dig. toxicity.



that night?

| | Η | | | |
|---|---|---|---|--|
| P | / | P | S | |
| | , | _ | | |
| | | | | |

| Н | |
|------|--|
| P/PS | |

2

1

4

5

6

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

Q. When you heard that, did you wonder how the child could be suffering from digoxin toxicity?

A. No, I did not.

Q. You administered digoxin to the child at 9:00 in the evening?

A. Yes, I did.

Q. It is recorded on the medication sheet. I don't needyou to turn to it now. It is on page 80. You administered the prescribed dose?

A. Yes, I did.

Q. Did you give him any other digoxin

A. No, I did not.

Q. To your knowledge had anyone else given him any digoxin that night?

A. No, they had not.

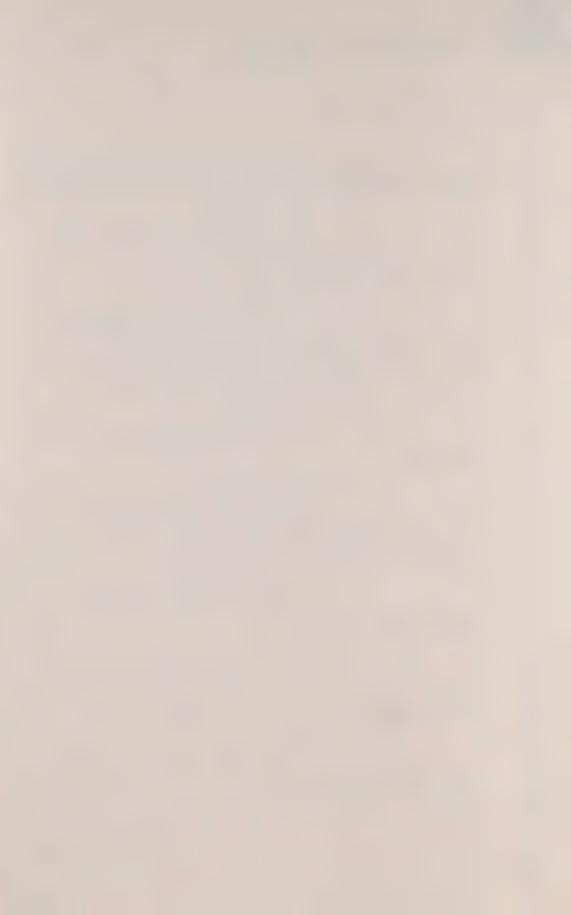
Q. Or any other drug, for that matter, from anyone else?

A. No.

Q. Did you tell Costigan all that, you had given him the prescribed dose at 9:00?

A. No.

O. How did you perceive the child to be suffering from digoxin toxicity at 5:00 in the morning?



C

2 3

> 4 5

6

8

9 10

11

12 13

14

15

16

17 18

19

20

21 22

23

| 7 | A | i |
|---|---|---|
| 6 | * | |
| | | ı |

| A. | | Becau | ise lots o | of our o | childre | en |
|-----------------|----|-------|------------|----------|---------|------|
| ould show signs | of | dig. | toxicity | because | e they | have |
| levated digoxin | le | vels. | | | | |

- Q. And do they show signs of digoxin toxicity?
 - Α. Yes, they can.
 - Like heart blocks? 0.
- Again I am not qualified that is not one that I would think of readily but I am sure that is one of the symptoms of dig. toxicity.
- Q. Did you not understand that to be a relatively severe symptom of digoxin toxicity?
- I don't think I knew. Dr. A. Costigan, that was his observation.
- Q. I just wondered what your information was about the various symptoms of digoxin toxicity. Had you ever in the now 15 months that you worked in cardiology - more than 15 months, 16 or 17 months that you worked in cardiology, seen a child suffering those symptoms as a result of normal therapeutic doses of digoxin?
- I think that I had seen that children could display arrhythmias when they had increased levels of digoxin.
 - Q. Did it occur to you to wonder how



| . 6 | М |
|-----|--|
| | |
| | 1 |
| 4 | 2 |
| 3 | 3 |
| 4 | Ŀ |
| 8 | 5 |
| (| 5 |
| 7 | 7 |
| 8 | 3 |
| 9 | 3 |
| 10 |) |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | - |
| 18 | |
| 19 | |
| 20 | The state of the s |
| 21 | 11 |
| 22 | The second secon |
| 23 | l |
| 24 | |
| | |

this child could have increased levels of digoxin? A. I am sure I wondered but he had been transferred from Hamilton and he had really just been digitalized a few days before. Q. Were you aware of any digoxin levels of this child?

A. I don't believe I was, no.

Q. We don't need to explore the thing. The fact of it is that you were not particularly surprised by the differential diagnoses that Dr. Costigan produced at 5:30 in the morning.

A. No, because he was questioning a couple of things.

Q. And you did not infer from that that that meant that the child was receiving an excessive dose of the drug.

> Α. Not at all.

Q. Dr. Costigan at least was arranging to get the child taken to the IC Unit.

> Α. Right.

Q. Which is where you thought he should be.

> A. Yes.

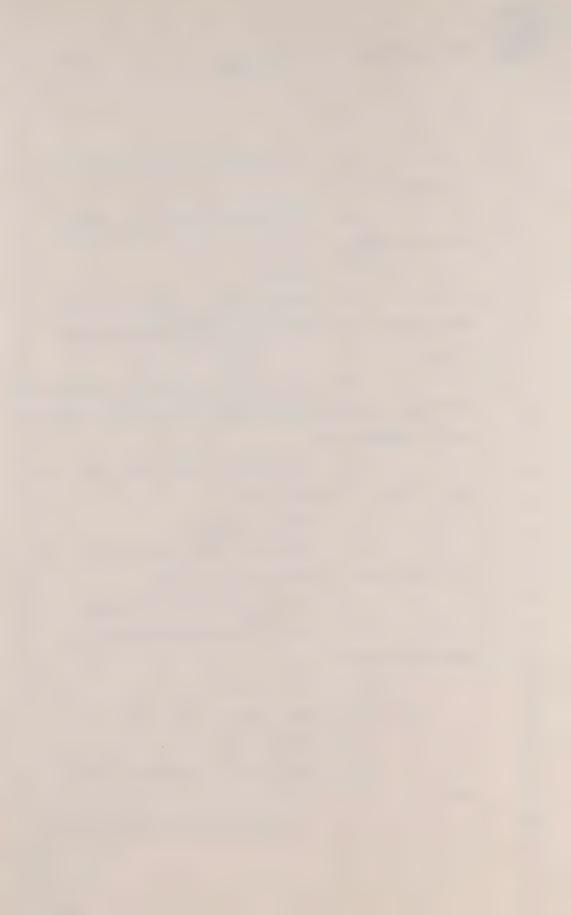
O. Who took the child to the IC

Unit?



| R | |
|----|--|
| T. | |
| | |
| | |

| 1 | |
|----|--|
| 2 | A. Dr. Costigan, myself and Phyllis |
| 3 | Trayner. |
| 4 | Q. The three of you went together |
| 5 | with the baby? |
| 6 | A. Yes. |
| 7 | O. And did you, by you I mean you, |
| | Miss Nelles, leave him once you had delivered him |
| 8 | there? |
| 9 | A. I believe I stayed for a short time |
| 10 | to finish writing the notes and finishing the charting |
| 11 | that I needed to do. |
| 12 | Q. Because the chart has to go with |
| 13 | him, I take it, to the IC Unit. |
| 14 | A. That is right. |
| | Q. About how long did you stay in the |
| 15 | IC Unit after you had taken him there? |
| 16 | A. I would say about 15 minutes. |
| 17 | Q. Did you later learn that Baby |
| 18 | Pacsai had died? |
| 19 | A. Yes, I did. |
| 20 | Q. When did you learn that? |
| 21 | A. When I came on shift that night. |
| 22 | Q. What was your reaction to that |
| | news? |
| 23 | A. I felt that he had been sick when |



4

5 6

7 8

9

10 11

12

13

14

15

16

17

18

19

20

21 22

23

| Ι | had | left | him | and I | don't | re | call | th | at, | | | |
|----|------|--------|-------|--------|--------|-----|------|-----|------|-------|-----|-----|
| C | onsi | dering | g the | e symp | toms t | hat | he v | was | disp | olayi | ing | at |
| tł | nat | time, | I re | ealize | d that | he | was | a | very | ill | chi | lld |

- At that time being the time you left him in the ICU.
 - Α. Right.
- Were you at all surprised that he had progressed to the stage of showing those symptoms in the ICU in light of your earlier impression of him the night before?
- The difference between him in the early evening and later on, yes.
- Could you find any explanation to enable you to understand the very dramatic change in his apparent condition?
 - No, I could not. Α.
- Did you seek any explanation by asking anybody how that child could have gotten into such serious trouble after the impression that you had had of him in the early part of the shift the night he died?
- A. No, I think I was just concerned about looking after him and getting him the care he needed.
 - Yes, but I'm talking about the 0.



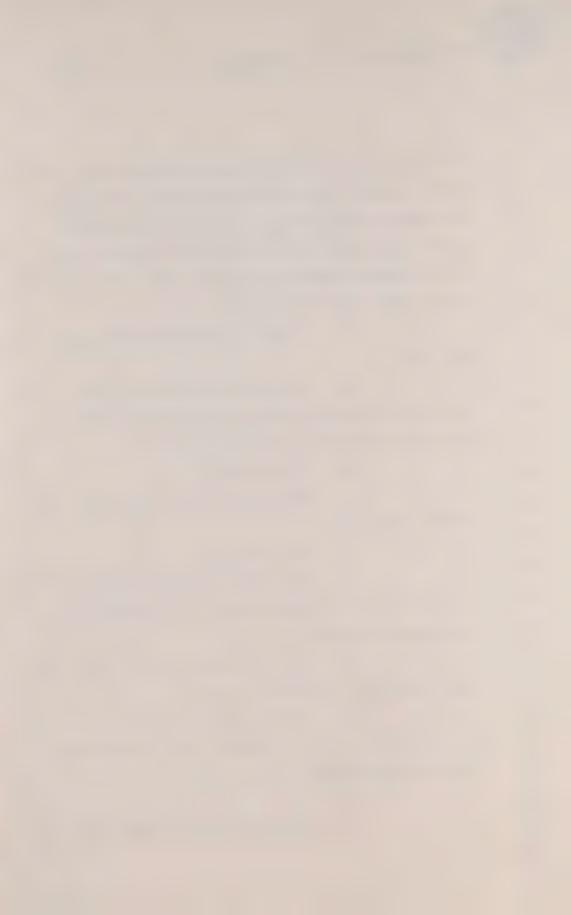
ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

| R |
|--------|
| WEMBER |

next day when you learned that he had died. Did you say to anyone, how could he deteriorate to the point of death in light of what I thought in the earlier part of the shift? Was I that wrong? Did it occur to you that you had been dead wrong about his condition in the early part of the shift?

- I don't remember thinking that way, no.
- 0. If you did not conceive the possibility that you might have been dead wrong, you must have wondered what had happened.
 - I did wonder. A.
- 0. To cause that deterioration. Did you ask anybody?
 - No. I did not. Α.
- Did you talk to Dr. Costigan at all following the death of Pacsai - not immediately following, obviously.
- No. I did not. I only worked one more night, that particular night.
- And no explanation occurred to you 0. or as far as you knew to anyone else to explain that child's deterioration.
 - A. No.
 - You subsequently learned that Kevin 0.



Pacsai had a very high digoxin level at the time of his death.

A. Yes.

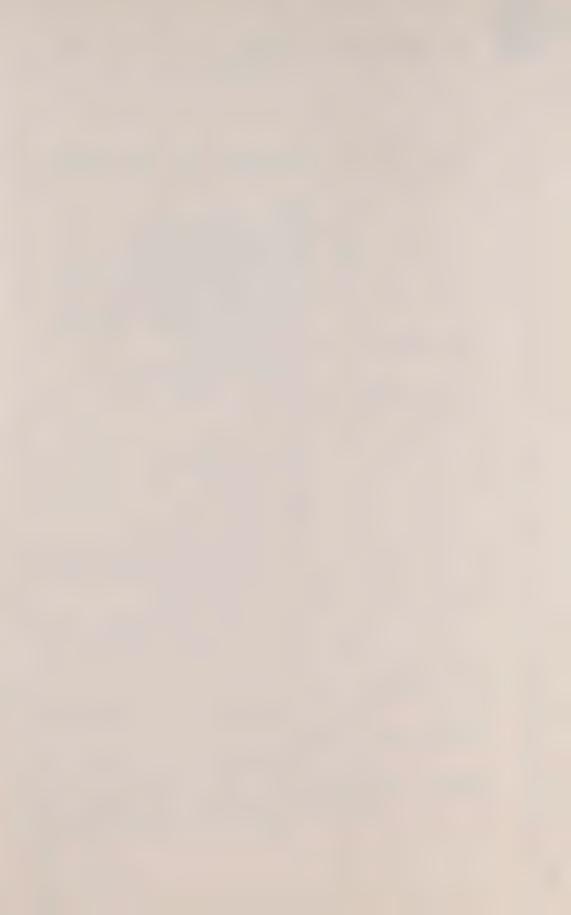
-
- Q. When did you learn that?
- A. The following Wednesday night.
- Q. How and from whom did you learn it?
- A. I heard it from Mrs. Radojewski.

She phoned me at home in Belleville.

- Q. You were at home in Belleville at your parents' home?
 - A. Yes.
 - Q. And she called you?
 - A. Yes, she did.
 - Q. What did she say?
- A. She told me that there was going to be an inquest into the death of Kevin Pacsai and that he had had a very high digoxin level.
 - Q. Did she tell you the actual level?
 - A. I cannot remember. Ithink she

must have.

- Q. Do you recall what the number was that she told you then?
- A. If she told me then I don't know why I know the number, whether it was because she told me then or that I learned after that it was 25.



in

hic

no

high.

1

2

3

5

6

7

8

9

11

12

13

14

15

16

17

18 19

20

21

22

24

25

| | Q. | In a | ny event | -, 1 | there | is | no | quest | io |
|------------|---------|-------|-----------|------|--------|-------|-----|-------|----|
| your mind | , as of | the W | lednesday | , e | vening | g, th | nat | a | |
| gh digoxin | level | with | respect | to | Pacsa | ai, | one | was | |
| t talking | 3, 4, 5 | nano | grams. | | | | | | |

A. That is right.

Q. They were talking something very

A. Yes.

Q. Higher than you had earlier heard about in cardiology?

A. Yes, in that it was my understanding that they did not write levels - often the way we received levels on the floor were greater than 5 and then later greater than 10.

Q. How many greater than 10 levels do you recall seeing reported to you, to your floor?

A. Only one.

Q. Who was that?

A. That was Richard McKeil.

I remember it being very high.

Q. You have a recollection of a very high level, in any event?

A. Yes.

Q. When Mrs. Radojewski gave you that news, whether she gave you the actual number or conveyed



4 5

the impression that it was a very high reading indeed, what was your reaction?

- A. I was shocked to hear of such a high number and that he had had such a digoxin reading.
- Q. It must have occurred to you to wonder how that level could have been achieved.
 - A. Yes.
 - Q. Did any explanation come to you?
 - A. Well, I think I don't know

whether I was told at the time or whatever but
I know that at the time Mrs. Radojewski told me I
would be questioned regarding the administration of
digoxin to Kevin and I tried to remember administering
him the medicine and that is when I say that I recalled
that I had checked it with Mary Jean Halpenny. As
I say, I am not sure whether it was then or later
that I learned that they were in fact investigating
the other hospitals where he had been to see that the
doses were correct there.

- Q. If I understand you, your first thought of possible explanation is, "Gosh, did I give him too much?"
 - A. Or certainly a mistake.
- Q. Yes, and you thought back over it and you were satisfied in your own mind at least that



| | 1 | | |
|---|---|---|--|
| | á | | |
| | | | |
| | | | |
| | | | |
| d | p | b | |

4

5

3

6

8

9

10

12

13

14

15

16

17

18

19

20

21

22

23

2425

| did | receive | it. |
|-----|---------|-----|
| | | A. |

A. Yes.

Q. Is there anything else about Kevin Pacsai, before we pass on?

you had not given him any more than the prescribed dose.

- A. That is right.
- Q. And if you were right about that that would not explain the matter, would it?
 - A. That is right.
- Q. And therefore you had to think of other possible explanations and one that occurred to you was perhaps at the hospital in Hamilton before he arrived he had received too much digoxin.
 - A. A mistake that they had made.
- Q. Did it occur to you to consider the possibility that he might have received an unprescribed dose of the drug at the Hospital for Sick Children?
 - A. No, I did not consider that.

I think you told Mr. Sopinka

Q. You did not think of that as a possibility?

yesterday of your reaction to receiving the news from

Mrs. Radojewski in the manner and the time that you

A. No.

Q.



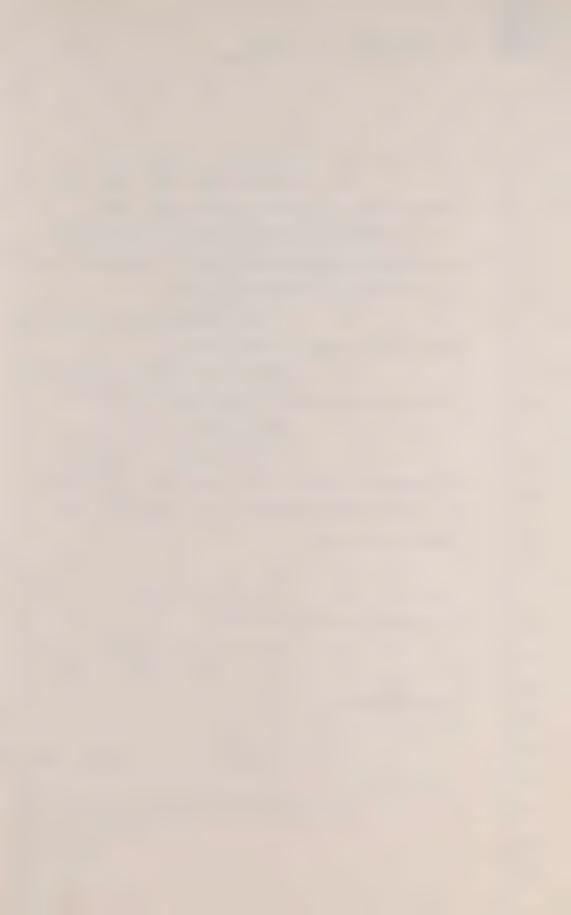
| 1 | l |
|-----|---|
| MEN | 4 |
| | _ |
| | |
| 1 | |
| • | |
| 2 | |
| Ls | |
| 2 | |
| 3 | |
| | |
| 4 | |
| _ | |
| 5 | |
| | |
| 6 | |
| | - |
| 7 | |
| | |
| 8 | |
| | ı |
| 9 | 1 |
| | |
| 10 | |
| | |
| 11 | |
| | - |
| 12 | |
| | |
| 13 | |
| | |
| 14 | |
| | - |
| 15 | |
| 10 | - |
| 16 | - |
| 10 | - |
| 17 | 1 |
| 17 | |
| 10 | |
| 18 | |
| 10 | |
| 19 | |
| | |

| 1 | |
|----|--|
| 2 | A. Not that I can think of, no. |
| 3 | Q. The very next night there was |
| 4 | another death on the ward, 4B this time again, |
| 5 | Kristin Inwood in 431 died at 3:00 in the morning |
| 6 | and you were on Ward 4A that night. Do you now have |
| 7 | any recollection of Kristin Inwood? |
| | A. I vaguely remember her because she |
| 8 | was in the bed next to Kevin Pacsai. |
| 9 | Q. The night before when you had been |
| 10 | relieving on that ward and had worked in that room? |
| 11 | A. That is right. |
| 12 | Q. Do you have any recollection of |
| 13 | her condition either on the night before she died or |
| | do you have any impression of her condition on the |
| 14 | night she did die? |
| 15 | A. No. |
| 16 | 'Q. Or any recollection of the events |
| 17 | of the shift on which she died? |
| 18 | A. I don't really remember, no. |
| 19 | Q. Do you recall whether you attended |
| 20 | at the arrest? |
| | A. I believe I did, yes. |
| 21 | Q. Do you have any particular recolled |
| 22 | tion of it? |

A.

Just vaguely, nothing specific.

23



| 1 | |
|----|--|
| 2 | |
| 3 | |
| 4 | |
| 5 | 1000 |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | - |
| 12 | - |
| 13 | H |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | The second secon |
| 21 | |
| 22 | |
| 23 | |
| 24 | The same of the sa |

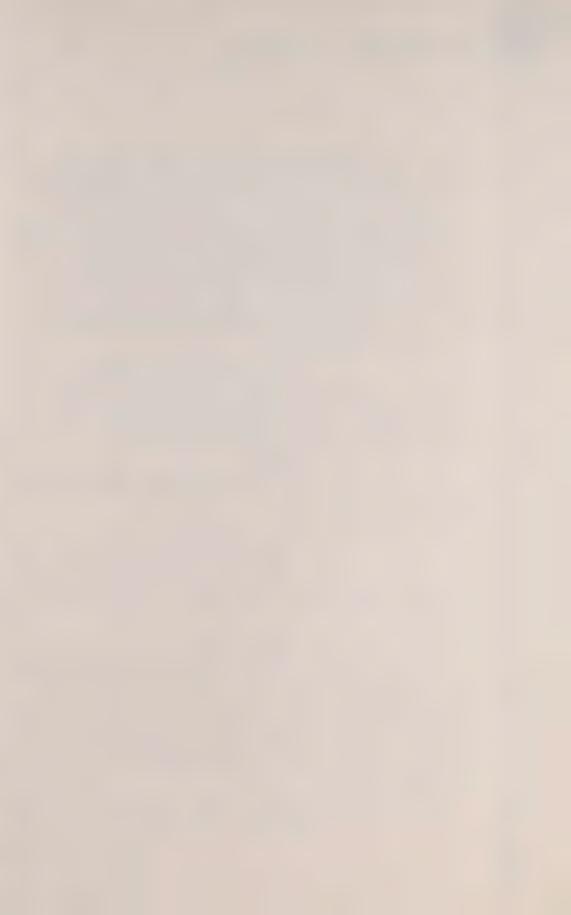
| | Q. | Mrs. Scott was relieving on 4B | | | | | |
|-------------|---------|----------------------------------|--|--|--|--|--|
| that night, | you may | remember. Did you see her at the | | | | | |
| Inwood arre | c+2 | | | | | | |

- A. I don't remember.
- Q. Do you recall seeing Mrs. Trayner at the Inwood arrest?
 - A. I don't remember.
 - Q. Or anyone else from 4A?
 - A. I really don't know.
- Q. A few nights later, at 4:25 in the morning, March 18, Charlon Gardner died on Ward 4A. You were not working that night. Do you have any recollection of that child?
 - A. No, I don't.
- Q. Or any information as to her condition?
 - A. No, I don't.
- Q. That brings us then to the night of March 20 and 21 and the deaths of Allana Miller and Justin Cook.
- A. The only thing I should point out
 that I was aware, a medication error made around Inwood
 because it was a mix-up that occurred because of the
 I can't describe to you that night when Manojlovich
 died, it was chaotic. It is my understanding that



Mary Jean Halpenny asked Susan Reaper to give the early morning digoxin to Baby Inwood in anticipation of a dig. level and in fact it was Pacsai that was scheduled for a dig. level, and it is my understanding that Baby Inwood received the digoxin that was supposed to be for Kevin. That is my recollection of it. I remember there being an incident report filled out that morning.

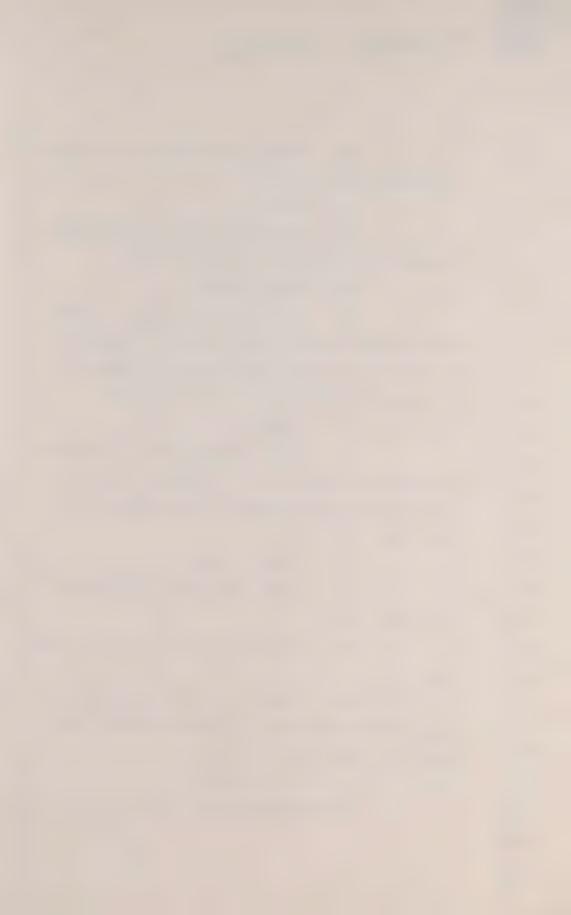
- Q. Can we look at the night of Friday, March 20. On that night as you know Allana Miller died in 423 at 3:27 in the morning.
 - A. Right.
- Q. You were assigned to care for that child that night.
 - A. That is right.
- Q. Room 423 is a single room, is it not? There was no other patient in there with her?
 - A. That is right.
- Q. If we look at the assignment book for Ward 4A, the night of Friday, March 20, we see that Mrs. Trayner was in charge as team leader and had two patients until 11:00 at night, one in 418 and one in 426.
 - A. Right.



it after report,

| . «∈ M | |
|--|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 19 20 | |
| 21 | |
| | |
| 222324 | |
| 24 | |
| | |

| 1 | |
|----|--|
| 2 | Q. Those two patients were taken over |
| 3 | by Miss Brownless at 11:00. |
| 4 | A. Right. |
| 5 | Q. Because she had been relieving |
| 6 | elsewhere until 11:00, as I understand it. |
| | A. That is right. |
| 7 | Q. She came on the ward at 11 and |
| 8 | took over Mrs. Trayner's two patient assignments. |
| 9 | You had the one child, Allana Miller, in Room 423 |
| 10 | and you had two children until 11:00 in 418. |
| 1 | A. Right. |
| 2 | Q. Mrs. Christie had three children |
| 3 | in Room 425, two in 421 and a child in 418 until |
| 4 | 11:00 and you were expecting a new admission that |
| | night, were you not? |
| .5 | A. That is right. |
| 6 | Q. Justin Cook was to be admitted |
| 7 | that Friday night? |
| 8 | A. We found out about it after report |
| 9 | yes. |
| 0 | Q. After the shift had started you |
| 1 | learned that Justin Cook was coming down from Owen |
| 2 | Sound to be admitted that night? |
| | A. That is right. |
| 3 | THE COMMISSIONER: I am sure we have had |



this out before, but I am not sure, reading the assignment book. Did you just have one of your children or both of them in 418 taken away at 11:00?

THE WITNESS: They were both taken away.



M/ak

2

1

3

4 5

6

7 8

9

10 11

12

13

14 15

16

17

18

19

20

21

22 23

24

25

THE COMMISSIONER: Where I am having the trouble is that I have Miss Brownless taking on three children at 11 o'clock, but there is one --MR. LAMEK: You have an extra child in 418 that does not seem to have been taken care of.

THE COMMISSIONER: And there is one of Mrs. Christie's, and what has happened, because Mrs. Christie's child was supposed to go off at ll o'clock too.

> THE WITNESS: That is what it says.

THE COMMISSIONER: So some child,

something went wrong.

THE WITNESS: Something was not recorded, yes.

MR. LAMEK: There is an unassigned child in 418 after 11 o'clock according to the assignment sheet.

THE COMMISSIONER: Anyway it wasn't one of yours, Miss Brownless took over both of your children?

THE WITNESS: That's right.

MR. LAMEK: We may have the explanation, I'm not going to try to explain it just now, maybe over lunch I can do that.



| | 4 | |
|--|---|--|
| | J | |
| | | |
| | | |

4

5

7

8

10

11

13 14

15

1617

18

19 20

21

22

23

2425

| | | | | Q. | Let's | s loc | ok at | the | early | part |
|----|------|-------|-----|------|---------|-------|-------|-------|---------|------|
| of | the | shif | t, | Miss | Nelles, | and | unti | 1 the | e arriv | val |
| of | Just | tin (| Coo | k. | | | | | | |

A. Right.

Q. And let's put a terminus on this thing. What time was Justin Cook admitted to the ward?

A. I believe he arrived somewhere between 10:30 and 11:00.

Q. And you were responsible for admitting him to the ward?

A. That's right.

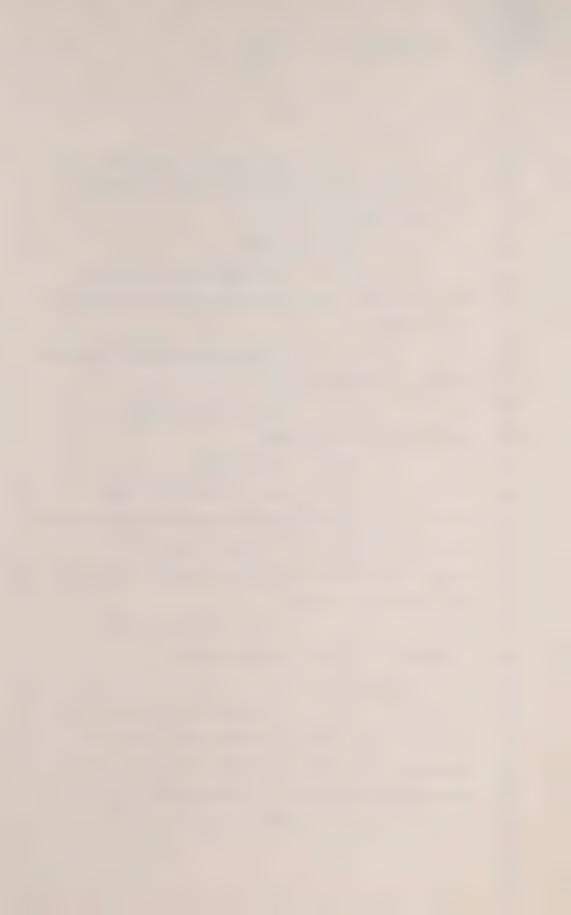
Q. Now, in the shift until he arrived, can you tell me please what your recollection is, and in particular of Allana Miller and in general what you were doing that night? You have her chart there I hope.

A. My recollection is that I attended to the two children in 148.

Q. Yes.

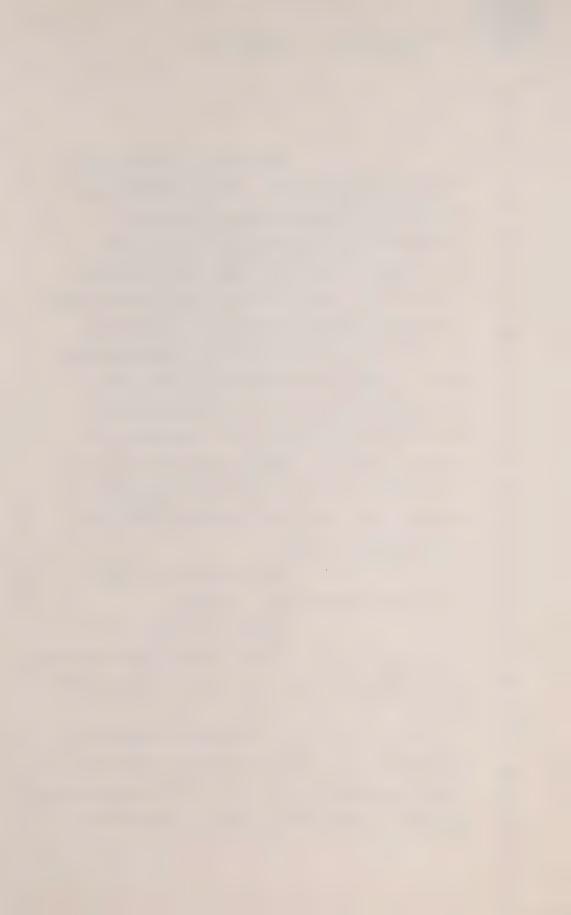
A. I think normally I would go and look at all three of my children, and then determine who required feeding and whatnot, and do the vital signs on all the children.

Q. Yes.



| A. Because most of them would |
|--|
| require 2000 vital signs. Then I probably would |
| repare my medications and get them ready to |
| dminister to the children that required them. I |
| pecifically remember that when I went in to see |
| Illana Miller, when I took her apex, which we always |
| o when we administer digoxin, and her apex was |
| ow, and so I didn't give her her digoxin at that |
| ooint. I went out to the desk and spoke with |
| r. Soulioti and told her that Allana Miller's |
| pex was low and should I still administer the |
| igoxin. She said: "Yes, it has been low all day, |
| am aware of it, go ahead and administer the |
| igoxin." So I went back to Allana Miller's room |
| nd gave her the digoxin. |
| |

- Q. And that would, I take it, it would be approximately 9 o'clock?
 - A. Around that, yes.
- Q. Do you have any other particular recollection of the child in the first part of the shift?
- A. I remember that after I had finished with the other two children in 418 that I went to sit down at the back of the nursing station, and just as I was going up there I heard Allana





her?

23

24

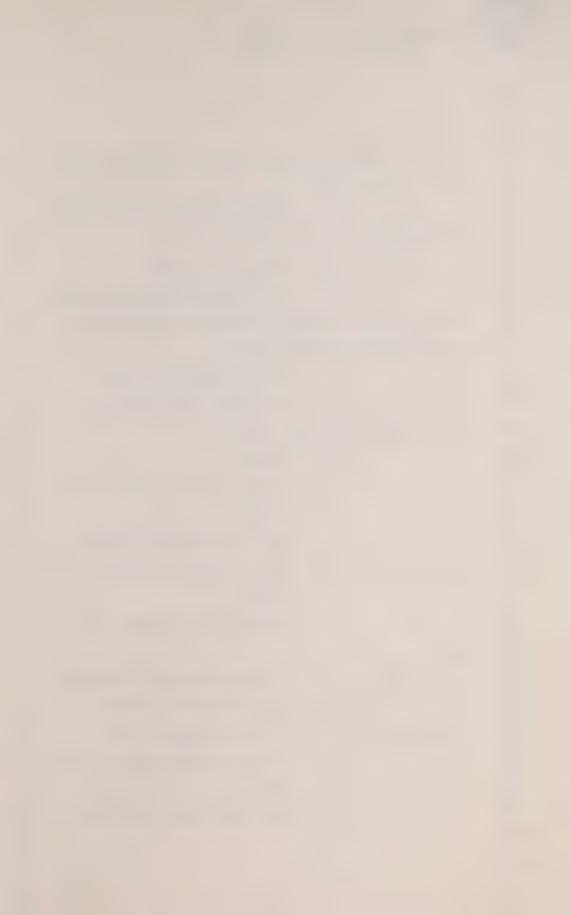
25

Miller's monitor go off, and so I went down to her room at that point.

- Q. Approximately what time did that happen?
 - A. Around 10 o'clock.
- Was that the first time that 0. shift you had a chance to get out and relax for a moment, at the nursing station?
 - Well, I didn't sit down. A.
- 0. You tried, that was your first attempt to do it, was it?
 - Α. Right.
 - At about 10 o'clock you say? Q.
 - A. Right.
- 0. And Allana Miller's alarm went off and you went down to look after her?
 - Right. A.
 - Q. How long did you stay with

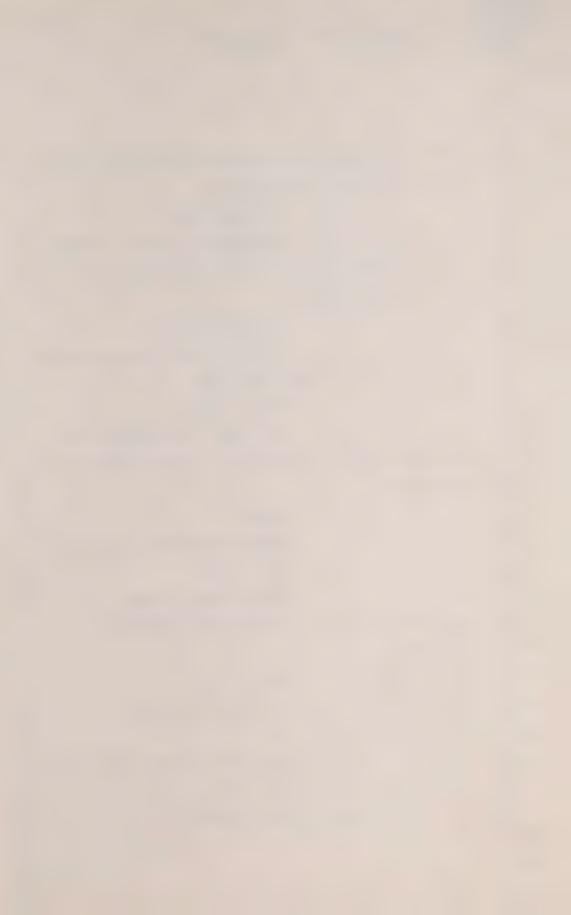
A.

- I woke her up and I gave her a drink at that time, and I would say I spent probably 20 minutes to half an hour with her.
 - So you are now close to 10:30? Q.
 - A. Right.
 - Q. Was anyone with you in the



Nelles, ex. (Lamek)

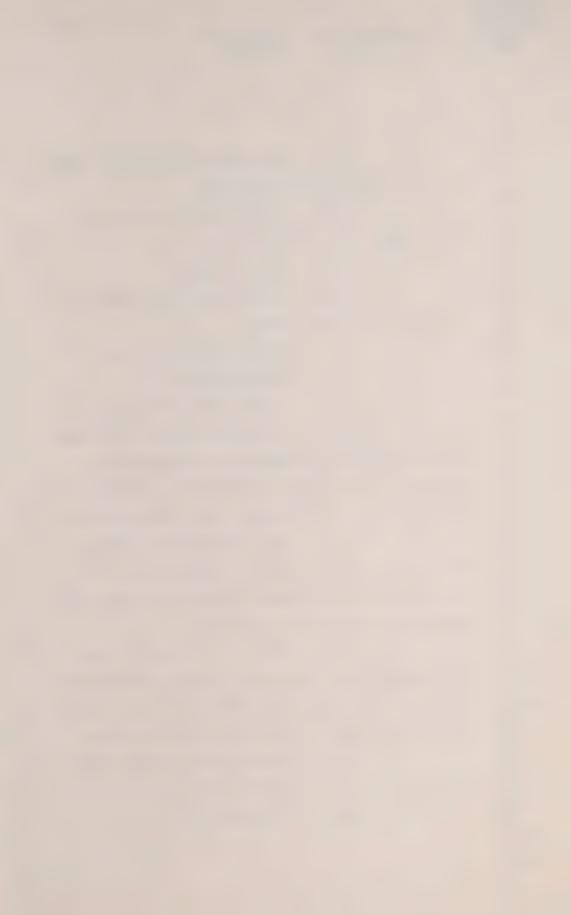
1 2 room with Allana Miller when you went back to check 3 the monitor which had gone off? 4 Α. No, there wasn't. 5 0. Had anyone, to your knowledge, 6 been in Allana Miller's room early in the shift, other than yourself? 7 I wouldn't know. Α. 8 Certainly while you were there 9 no one else was there I take it? 10 That's right. Α. 11 Q. All right. You settled the 12 baby down again at about 10:20, 10:30, something of 13 that sort? A. Right. 14 Did you try again to get your --15 Yes, I did. Α. 16 What was this, a break you Q. 17 were trying to get, a coffee break, something of 18 that sort? 19 Α. Right. And you tried again? 20 Q. Yes. A. 21 Q. Were you successful this time? 22 No, I wasn't. Α. 23 Q. What happened? 24



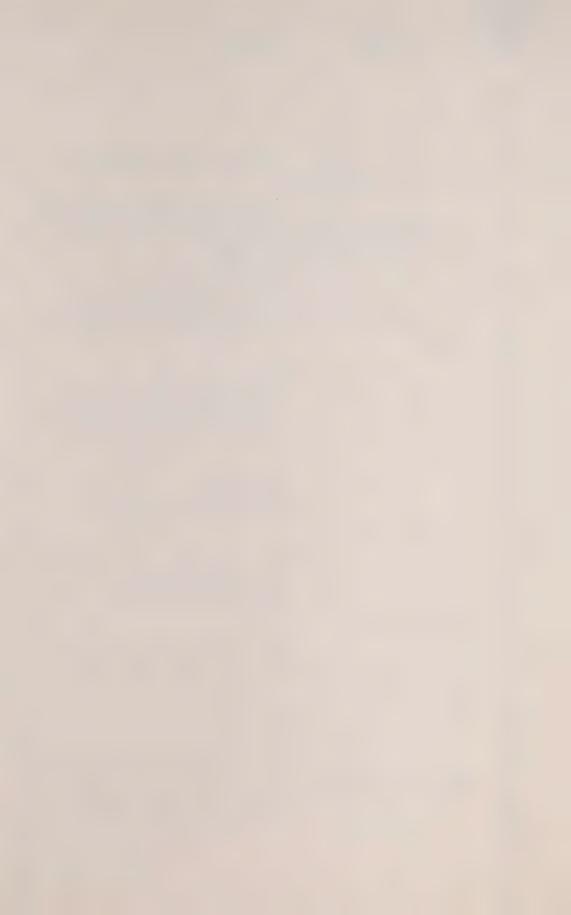
| 1 |
|----|
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| 11 |
| 12 |
| 13 |
| 14 |
| 15 |
| 16 |
| 17 |
| 18 |
| 19 |
| 20 |
| 21 |
| 22 |
| 23 |

| | | | Α. | As | I | was | walking | up | the | hal] |
|-----|------|------|-----|--------|----|-------|---------|----|-----|------|
| the | Cook | baby | and | mother | aı | rrive | ed. | | | |

- Q. So you had to go back to admit Cook?
 - A. That's right.
- Q. Did you see your brother on the ward at all that night?
 - A. For a short period, yes.
 - Q. When was that?
- A. It was after I had started to admit Justin Cook, and Phyllis came in the room and told me that my brother was at the nursing station. So I left for a few minutes, went out and told him that I was busy and went back to the room.
- Q. Now, Cook arrives, and you will have to help us because we don't know what is involved in admitting a new patient to the ward, what did you have to do with him?
- A. Well, I had to do all his vital signs, his temperature, pulse, respirations, blood pressure in all four limbs, and then usually height and weight and then the nursing history.
 - Q. And did you do all of that?
 - A. No, I did not.
 - Q. I am sorry.

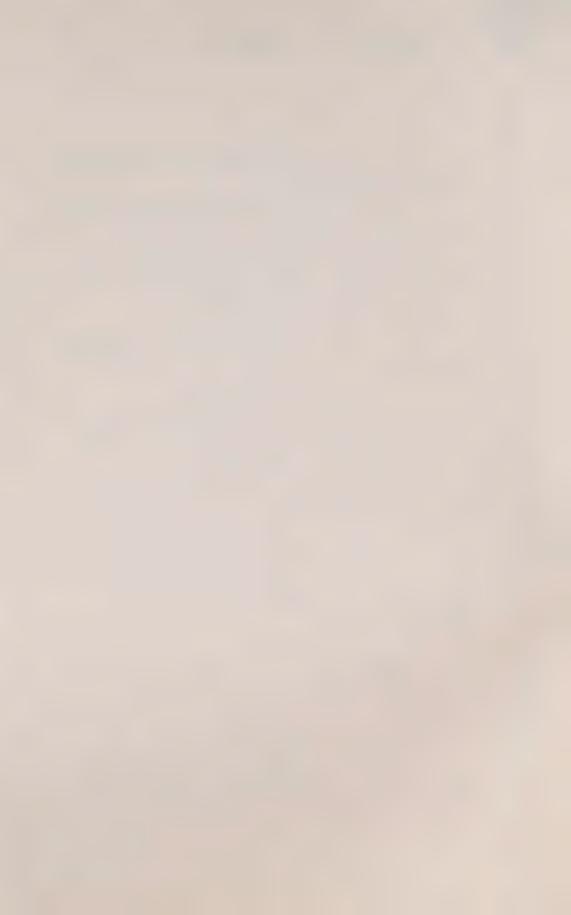


| RMB | |
|------|--|
| 1 | |
| 2 | A. I did all of it except for |
| 3 | the nursing history. |
| 4 | Q. We will come back to that then. |
| 5 | How long did it take you to do the things you had |
| 6 | to do short of a nursing history? |
| 7 | A. I don't remember how long it |
| 8 | specifically took me to do the height and weight and |
| 9 | whatnot. |
| | Q. Yes. |
| 10 | A. I would say perhaps 10 minutes. |
| 11 | Q. Was he in Room 418 at this |
| 12 | time? |
| 13 | A. Yes, he was. |
| 14 | Q. Were there physicians in |
| 15 | the room with him? |
| | A. Yes, there were. |
| 16 | Q. Also in the process of |
| 17 | admitting him? |
| 18 | A. That's right. |
| 19 | Q. Did you assist them in any |
| 20 | way? |
| 21 | A. Yes, I did. |
| 22 | Q. How long were you engaged with |
| 23 | Cook in his admission from the time of his arrival? |
| 24 | A. I would say close to an hour. |
| 4. 3 | |



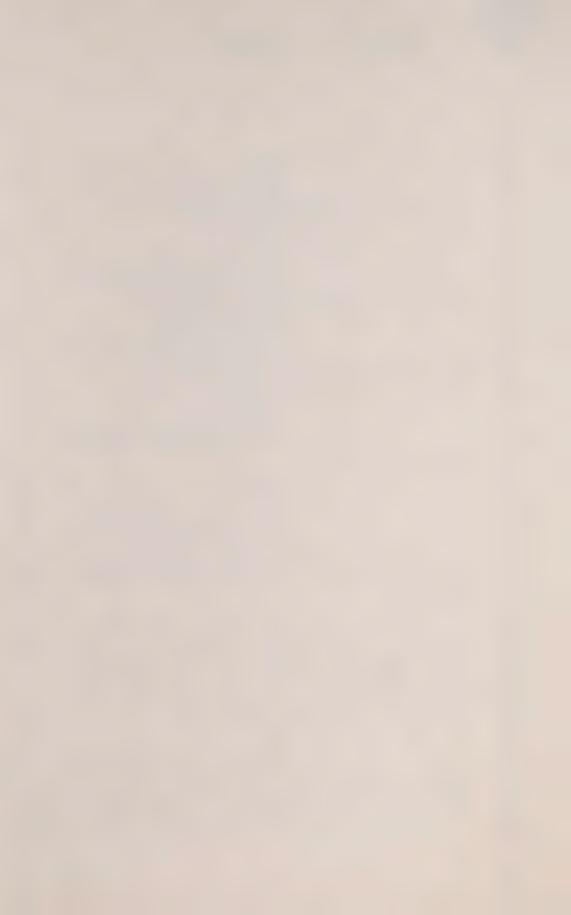
24

| | - |
|----|---|
| 1 | |
| 2 | Q. Throughout that time what was |
| 3 | happening to Allana Miller? |
| 4 | A. As far as I know she was all |
| 5 | right. |
| 6 | Q. She had a medication that was |
| 7 | due at 11 o'clock, did she not? |
| 8 | A. Yes. |
| | Q. Didn't you have to administer |
| 9 | ampicillin? |
| 10 | A. That's right. |
| 11 | Q. At 11:00; did you do that? |
| 12 | A. Yes, I did. |
| 13 | Q. Or did you leave 418 to go up |
| 14 | and do that administration? |
| 15 | A. Yes, I did. |
| | Q. And you at the end of the shift |
| 16 | have charted that medication as having been |
| 17 | administered by you? |
| 18 | A. Right. |
| 19 | Q. It was done by you at about |
| 20 | 11 o'clock? |
| 21 | A. That's right. |
| 22 | Q. Was that the only occasion |
| 23 | that you were in Allana Miller's room during the |
| 20 | hour so you told me you were engaged in admitting Cook? |



Nelles, ex. (Lamek)

| | _ |
|----|---|
| 1 | |
| 2 | A. Yes. |
| 3 | |
| 4 | Q. You went in Miller's to do |
| | the medication and then left again? |
| 5 | A. Right. |
| 6 | Q. How did she appear when you |
| 7 | went in there to give her the ampicillin? |
| 8 | A. She was sleeping. |
| 9 | Q. You put the ampicillin into |
| 10 | what, into the buretrol and the IV setup? |
| 10 | A. Right. |
| 11 | Q. And it flows down through the |
| 12 | IV into the child? |
| 13 | A. Right. |
| 14 | Q. Now, on your best estimate |
| 15 | then we are now at about what, 11:30, by the time |
| 16 | you were through with the whole admission process |
| 17 | with Cook? |
| | A. Well, when I came - when I |
| 18 | went to give that medication and I came back to the |
| 19 | room I believe Dr. Schaffer and Dr. Soulioti was |
| 20 | still there but the mother had left. |
| 21 | Q. Okay. |
| 22 | A. And that is how she left |
| 23 | before I was able to obtain a nursing history. |
| 24 | Q. You could only get the nursing |



4 5

7

6

9

8

10

12

history?

13

14

15

16

17

18 19

20

21

2223

24

25

history from the parents?

A. Right. When I had left to go and administer Allana's medication the physicians were getting their history and that gave me the opportunity to leave.

Q. So you get back from doing the ampicillin, you are now back in Room 418 with Cook, and the physicians are still there but the mother has gone?

A. Right.

Q. So you can't get your nursing

A. Right.

Q. Did you see the father at all that night, the father of Justin Cook?

A. I don't believe I did, no.

He may have come to the floor for a few minutes,
but I can't remember for sure.

Q. Now Justin Cook arrived at about 10:30 on the floor, and you spent, as I think you told me a few minutes ago, about an hour, in and about the admission process, the nursing admission and the doctors, assisting them and that takes us to about 11:30 I take it, give or take a little, is that about right?



| _ | |
|---|--------------------------------------|
| | 1 |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| | 7 |
| | 8 |
| | 2 3 4 5 6 7 8 9 |
| | 10 |
| | 11 |
| | 12 |
| | 13 |
| | 14 |
| | 15 |
| | 16 |
| | 17 |
| | 18 |
| | 19 |
| | 20 |
| | 21 |

23

24

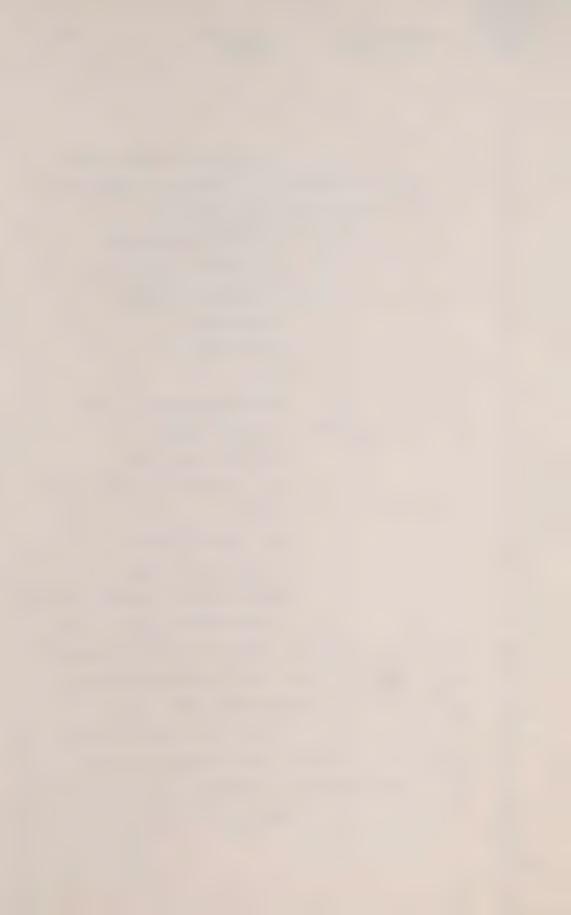
25

| | | | Α. | | Yes | s,] | becau | ıse | e we | were | do: | ing | - |
|-----|-------|--------|-----|------|-----|------|-------|-----|------|------|-----|-----|-----|
| the | physi | icians | war | nted | to | do | bloc | od | work | on | the | chi | .1ċ |
| and | then | also | get | an | ECG | on | the | ch | ild. | | | | |

- Q. What did you then do?
- A. Dr. Schaffer told me that he wanted to do an echocardiogram on the baby.
 - Q. That night?
 - A. That night.
 - Q. Yes.
- A. And he asked me if I would bring the baby down to the echo room.
 - Q. And did you do that?
- A. Yes, I did, but before I left I went to see Allana Miller.
 - O. What time was that?
 - A. At quarter to 12:00.
 - Q. How was she at quarter to 12:00?
 - A. I recorded her apex at 11:45,

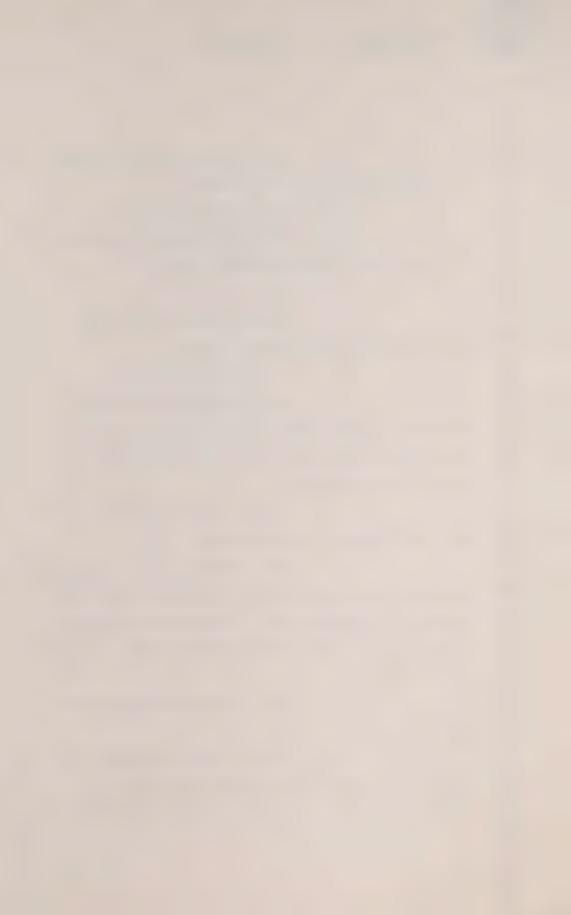
that is why I remember, because I distinctly remember that I went to see her knowing that I would not be back in time to do her midnight vital signs.

- Q. And that is on page 36 of the chart, and you recorded apex at 2345 as 60 with an "I", does that mean irregular?
 - A. Right.



| 1 |
|----|
| X. |
| |
| |

- Q. Was anybody in the room when you went back at quarter to 12:00?
 - A. No, I don't think so.
- Q. Was there anybody in the room when you left, having taken the apex?
 - A. No.
- Q. Nobody came into the room while you were doing that I take it?
 - A. I don't think so, no.
- Q. The child has a slow heart rate and you described the apex as irregular, did you have any particular cause for concern, however, about her condition?
- A. I knew that her apex had been low from previous in the evening.
- Q. Yes. Speaking fairly, looking back over the flow sheet for the entire day, from a couple of episodes when it was slightly over 100, it seems to have been in the 70 to 80 range, is that fair?
- A. And it was irregular most of the day as well.
- Q. So this didn't represent any particular change in the child's behaviour?
 - A. No, but it still was a low





25

1 heart rate. 3 Q. Yes, but you were not concerned 4 about leaving her alone? 5 Α. Well, I certainly made it known that I was leaving the floor. 6 To whom did you make it known? 7 To Phyllis Trayner. A . 8 0. And was it then, that as you 9 told Mr. Sopinka vesterday, you asked Phyllis 10 Trayner to flush the IV when the ampicillin had 11 all gone there? That's right. 12 0. When you went in at quarter 13 to 12:00 had the ampicillin all gone through the IV? 14 No, it hadn't. 15 0. There was still a little left 16 in the buretrol? 17 A. That's right. 18 0. And you asked Mrs. Trayner 19 if she would flush the IV when the ampicillin has all gone from the buretrol? 20 That's right. Α. 21 Q. That was at quarter to 12:00. 22 What time did you take Justin Cook down --23 THE COMMISSIONER: I'm sorry, I don't



Nelles, ex. (Lamek)

1 2

3.

4

5

7

8

10

11

12 13

14

15

16

17

18 19

20

21 22

23

24

25

understand this process at all. Did you say you flush it after the ampicillin had all gone?

MR. LAMEK: Well I was going to come to it later, Mr. Commissioner, but let's deal with it now.

THE COMMISSIONER: Yes.

MR. LAMEK: Q. Let me see if I have got it right, and you tell me if I have it wrong and it is quite likely I do. As I understand it when a medication is put into the buretrol and it goes down the IV and into the child.

A. You mix it with solution.

O. Yes.

A. So you may have as much as say 30 cc's, it is not just the 3 cc's or 2 cc's of the actual medication.

Q. You may have quite a volume of material fluid in the buretrol?

A. Right.

A. Right. You usually run it over the course of an hour.

Q. Yes. When the buretrol appears to have been empty.





| - 4 |
|-----|
| - 1 |
| - |
| |

3

4

6

7

0

10

12

14

13

15

16 17

18

19

21

22

23

24

Q. Do I take it that in order to make sure that all of the medication is now out of the tube and into the child, that you put more fluid down the tube?

A. That's right.

Q. To literally flush out any of the medication that remains in the tube?

A. That's right.

THE COMMISSIONER: It is the tube, it is not the buretrol then that you are flushing?

MR. LAMEK: A bit of both I guess.

THE WITNESS: Both. There may still be some ampicillin or whatever in the buretrol and so you put some solution in there and it goes from there through the tubing.

THE COMMISSIONER: Yes. This is probably fundamental, why doesn't it all go out on its own? Because gravity is involved, does it not go down into the child?

THE WITNESS: But you are running the IV at a certain rate.

THE COMMISSIONER: Yes.

THE WITNESS: You have it hooked up to an IVAC pump, and the chances are that you





1.1

are running at a certain speed and you want so many drops, or so many millilitres to go through in a minute.

THE COMMISSIONER: Is it because it is not going fast enough, is that what the problem is, or is it because it is not going completely, which is the problem, or is it both?

THE WITNESS: I don't really know what you mean.

THE COMMISSIONER: Well you have got this buretrol that you put in the antibiotic.

THE WITNESS: Right.

THE COMMISSIONER: And it works on the gravity system and you control it somehow from the buretrol as to the speed at which it will go into the child.

THE WITNESS: Right.

THE COMMISSIONER: Now the first question I asked was, why doesn't it all go into the child anyway, why is it that it somehow gets stalled? Is it a question of whether it doesn't all go through, or is it a question of whether it doesn't all go through fast enough to suit you?

THE WITNESS: It doesn't really get

stalled, it all goes through.



THE COMMISSIONER: Yes, but you

have to flush it out then?

THE WITNESS: You just have to ensure that there isn't any remainder of the medication left in the buretrol, or in the tubing.



ANGUS, STONEHOUSE & CO. LTD.

| J | |
|-------|--|
| BB/cr | |

MR. LAMEK: It is a bit like filling a glass, Mr. Commissioner, you can turn it upside down and most of the water will fall out but you are going to have some drops around the walls of the thing. I suppose that's part of the thread, isn't it?

THE COMMISSIONER: Is that all it is?
THE WITNESS: That's really all it is.

THE COMMISSIONER: All it is is just the little bit that will stick to the side of the tubing, it's not a question of it somehow or other not getting into the child.

THE WITNESS: That's right.

MR. SOPINKA: It's like washing out your martini glass before you have wine.

THE COMMISSIONER: I knew that was what Mr. Lamek was getting at but he's a little more subtle about it.

MR. LAMEK: And I promise you I didn't tell him.

THE COMMISSIONER: Yes, all right.

Well, at any rate can we get back on the track then.

MR LAMEK: O Well, whether it needs

MR. LAMEK: Q. Well, whether it needs to be done it always is done I take it, Miss Nelles?

A. It is always flushed, yes.



1

4

5

7

8

10

11 12

13

14

1516

17

18

19

2021

22

23

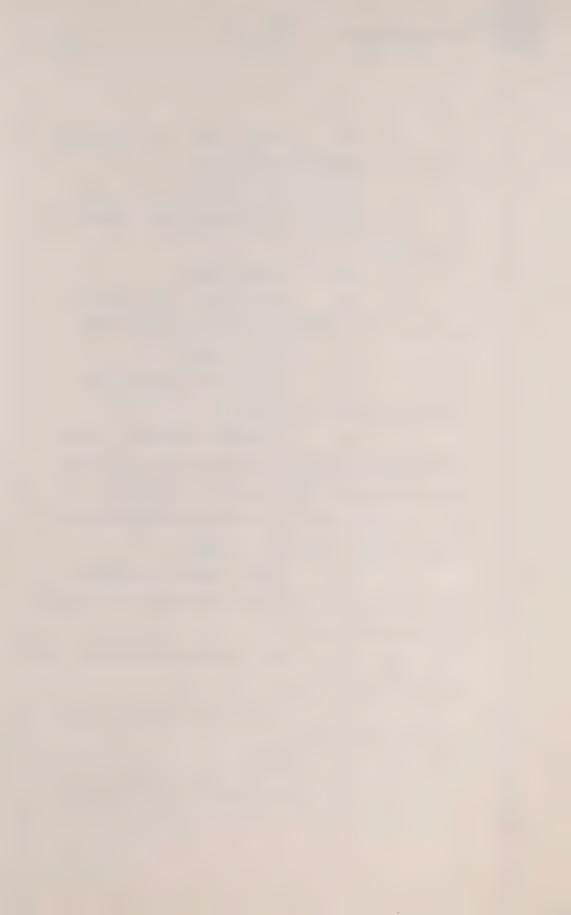
24

| | | | | Q. | | That's | right. | And | you | wanted |
|----|----|------|----|-----|------|--------|--------|-----|-----|--------|
| to | be | sure | it | was | done | this | time? | | | |

- A. That's right.
- Q. So, you asked Mrs. Trayner

to do it?

- A. That's right.
- Q. Flush the IV, the buretrol and the IV when the ampicillin had run through?
 - A. That's right.
- Q. Did you tell her when you thought that might be needed?
- A. I think I told her it would probably be in the next 15 minutes or so, probably around midnight it would need to be flushed. But when again the buretrol is empty the IVAC pump will alarm to tell you that it is empty.
- Q. Okay. Because it doesn't have anything to pump against any more and it buzzes a little alarm, does it?
- A. Yes, because otherwise it would pump air into the line.
- Q. Okay. So it alarms and says flush me, flush me?
 - A. Yes.
 - Q. All right. Now that we know

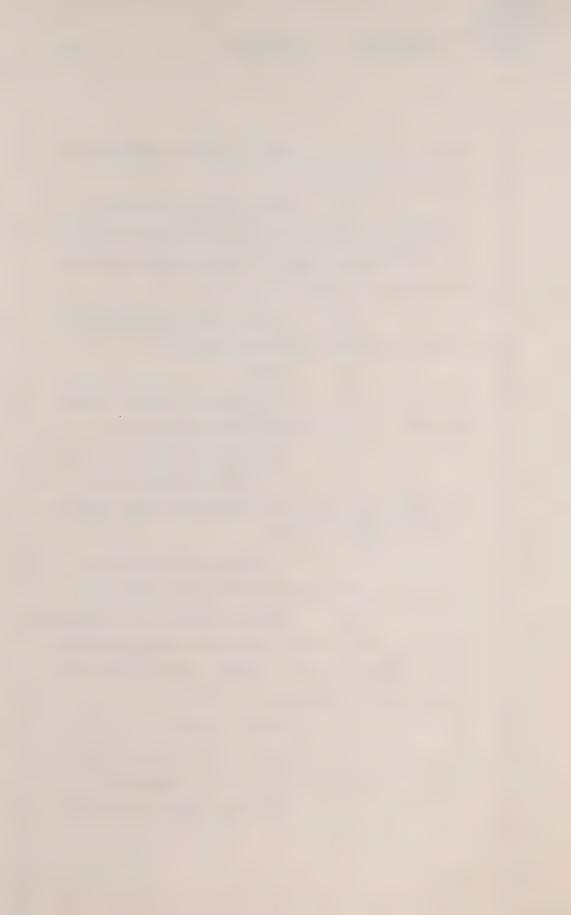


| 1 |
|----|
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| 11 |
| 12 |
| 13 |
| 14 |
| 15 |
| 16 |
| 17 |
| 18 |
| 19 |
| 20 |
| 21 |
| 22 |
| 23 |
| 24 |
| 25 |

| what it is you are tr | ying to do in flushing an IV, |
|-----------------------|---------------------------------|
| how do you do it? | |
| Α. | You open the stop cork in |
| between the bag of so | lution and the buretrol and |
| you let in however mu | ch, whatever amount of fluid |
| you require to flush | it. |
| Q. | You say you release material |
| from the bag down int | o the buretrol? |
| Α. | Right. |
| . Q. | And you say whatever volume |
| you need. What volum | e do you normally use? |
| A. | Usually you need 5 to 10 cc's |
| Q. | Is there any other way of |
| flushing a buretrol a | nd IV line other than releasing |
| material from the IV | bag? |
| Α. | I suppose you could use a |
| syringe but I have ne | ver seen it done that way. |
| Q. | Whether you do it by releasing |
| material from the IV | bag above or adding material |
| to the buretrol with | a syringe, would you use the |
| same volume of materi | al, 5 cc's? |
| A. | Usually, yes. |
| Q. | Have you ever seen a buretrol |
| | |

and IV line flushed with 3 cc's of material?

A. It's very hard to get only



| 1 |
|---|
| |
| 2 |

4 6

6 7

8

10 11

9

12

13

1.1

15 16

17

18

19

21

20

22 23

24

25

3 cc's into the bag when you are opening the stop cork.

THE COMMISSIONER: Into the buretrol? THE WITNESS: Into the buretrol, I am sorry, yes.

MR. LAMEK: Q. Would 3 cc's, as you understand it, adequately flush a buretrol and IV line?

On rare occasions when the A. child is on a very strict fluid, is on a fluid restriction and where you are trying to give them as little food as possible I have seen it flushed with small amounts.

All right. Was Allana Miller on such fluid restriction?

Α. I believe she was on a fluid restriction, yes.

Q. Was it a sufficiently strict one that you would be careful about the amount of material that you used to flush the IV line?

You would be careful, yes.

Is it a case where you would have hesitated to use 5 or 10 cc's had you been flushing the line yourself?

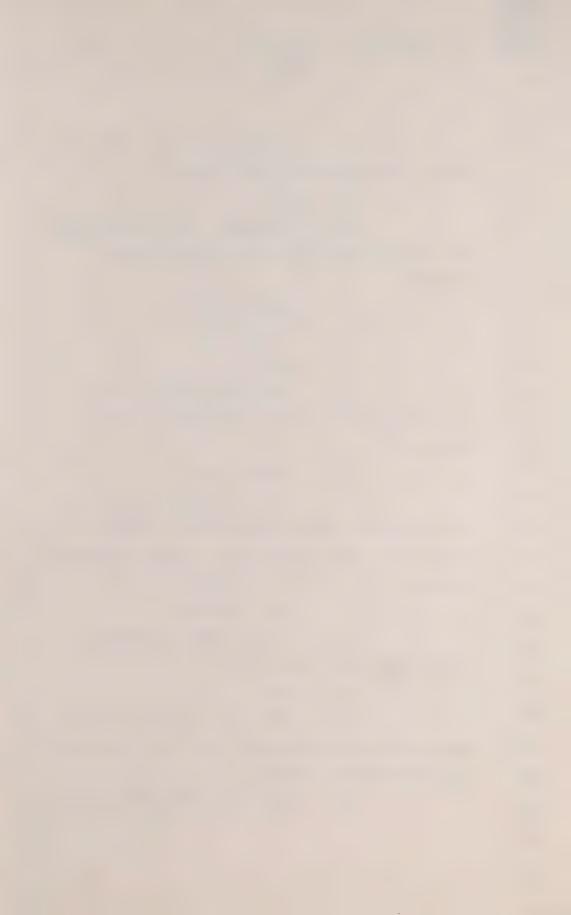
> A. No.



25

(Lamek)

| | | , | , | |
|---------|-------------------|------------|-----------------------------|-----|
| 1 | | | | |
| 2 | Q | . It | would not have caused you | |
| 3 | concern then to | use the | isual amount? | |
| 4 ! | A | . No. | | |
| !! 5 | Q | . All | l right. Now, Allana Millo | er |
| ,, | had no medication | on ordered | d for administration at | |
| 6 | midnight? | | | |
| 7 ; | A | . Tha | at's right. | |
| 8" | Q | . Is | that so? | |
| 9 | A | . Yes | 5 • | |
| 10: | Q | . The | e next medication was to | |
| 11 | be administered | at 1:00 a | a.m. and that was to be | |
| 12 ' | gentamicin? | | | |
| 13 | A | . Tha | at's right. | |
| 1, | Q | . Bef | fore going off to the echo | |
| 14 | lab with Justin | Cook at a | approximately a quarter to | |
| 15 | 12 did you at th | nat time a | ask Mrs. Trayner if she wor | uld |
| 16 | administer the | l o'clock | gentamicin for you? | |
| 17 | A | . No, | , I did not. | |
| 181 | Q | | d you expect to be back | |
| 19 | in time to do th | _ | | |
| 20 | A | • | | |
| .1 | Q | | ay. Was the only request | |
| 21 | | | she flush the IV when the | 9 |
| 22 | ampicillin had 1 | | | |
| 23 | A | . Tha | at's my recollection, yes, | |
| 24 | | | | |



| | 1 |
|----|---|
| | 2 |
| | 3 |
| 4 | 4 |
| • | 5 |
| | 6 |
| | 7 |
| | 8 |
| | 9 |
| 1 | 0 |
| | 1 |
| 1 | |
| | 3 |
| 1. | |
| 1 | |
| 1 | |
| 1: | |
| 1 | |
| 2 | |
| 2 | |

418?

and to do her vital signs in my absence.

- Q. Now, in light of what you had asked her to do and in light of what was ordered and prescribed for Allana Miller, if, and I put this strictly as an if, if Mrs. Trayner were observed at about midnight to be adding material to the buretrol with a 3 cc syringe can you think of any explanation for her doing that?
 - A. No, I cannot.
- Q. Okay. What time did you get back from the echo lab?
 - A. At 12:30.
 - Q. You brought the baby back to
 - A. That's right.
- Q. And you took him into 418 and tried to settle him down?
 - A. That's right.
- Q. How long did it take you to do that?
- A. It took me quite a while because again they wanted first they wanted the baby placed in 100 per cent oxygen and then they wanted to do another blood gas to see if the baby's po2's were improving in the oxygen.

22

23



Nelles, ex. (Lamek)

7

3

1

2

4 5

6

8

9

11

12

13

1415

16

17

19

20

22

2324

24

| | | | Q. | Ye | es. | Approxim | nate | ely h | now lo | ong |
|------|------|------|-----|-------|-----|----------|------|-------|--------|-----|
| were | you | with | him | after | he | returned | to | 418 | from | the |
| echo | lab: | ? | | | | | | | | |

A. I would say about another hour and a half.

Q. Until approximately 2 o'clock in the morning?

A. Somewhere around there, yes.

Q. All right. During that hour and a half were you at all in Room 423 to see or to do anything for Allana Miller?

A. No, I was not.

Q. Were you in Room 418 continuously throughout that period?

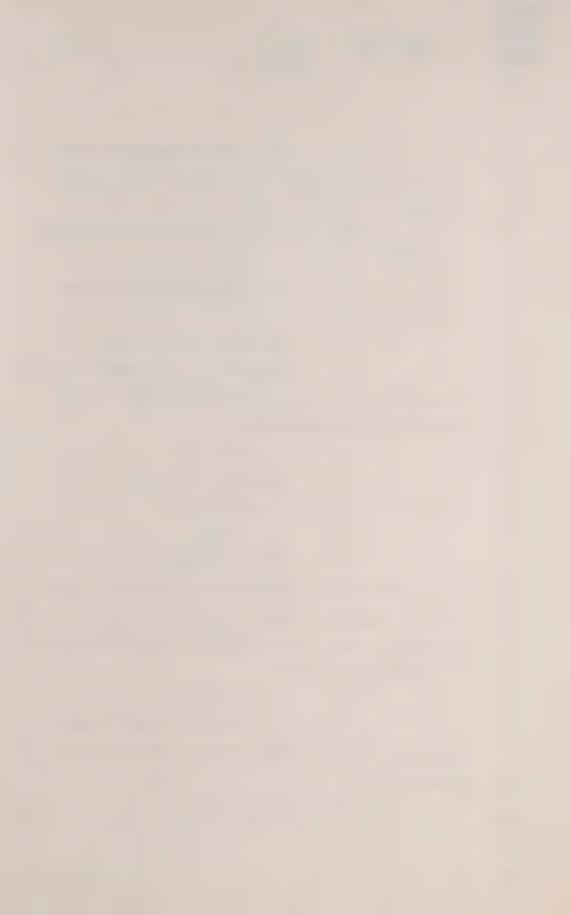
A. Yes, I was.

Q. After administering - I am sorry, after taking Allana Miller's apex at a quarter to 12 is it your evidence then, Miss Nelles, that you did not again go into Room 423 until approximately 2 o'clock in the morning?

A. That's right.

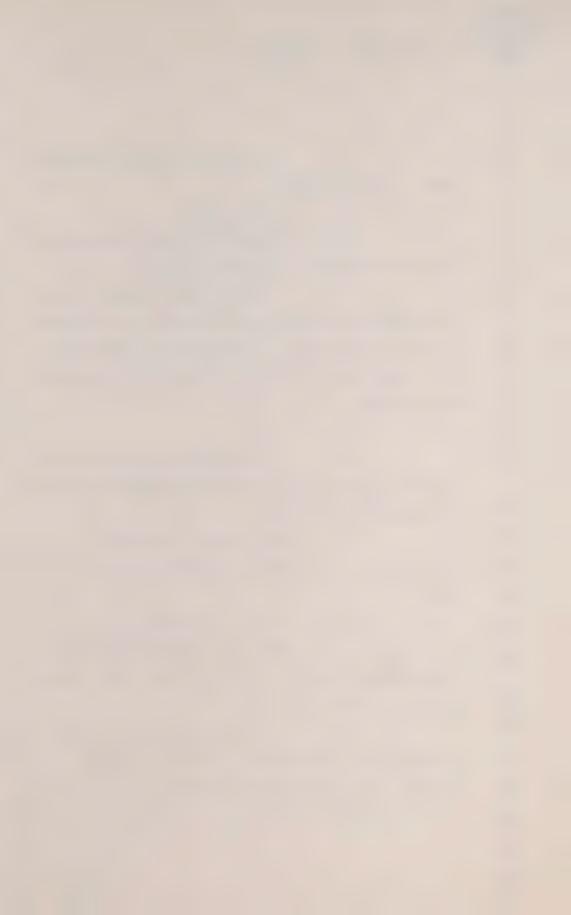
Q. Now, as we have said, Allana Miller had to have gentamicin at 1 o'clock in the morning.

A. That's right.



| | 3 |
|---|-----|
| | 4 |
| | 5 |
| | 6 |
| | |
| | 7 |
| | 8 |
| | S |
| 1 | C |
| 1 | 1 |
| 1 | 2 |
| 1 | 3 |
| 1 | 4 |
| 1 | (1) |
| 1 | 6 |
| 1 | 7 |
| 1 | 8 |
| 1 | 9 |
| 2 | C |
| 2 | 1 |
| 2 | 2 |
| 2 | 3 |
| 2 | 4 |
| 2 | 5 |
| | |

- Q. And you did not go to administer that, as we have heard?
 - A. That's right.
- Q. When did you make arrangements for that medication to be administered?
- A. I don't recall whether I told
 Mrs. Trayner to administer the medication or whether
 in fact she had seen it as team leader having been
 in the medication room and knew that I was busy with
 Justin Cook.
 - Q. Yes.
- A. In any event at about 1 o'clock she came into the room with the medication ticket and the gentamicin drawn up.
- Q. But you don't have any recollection as to whether you had asked her to do that?
 - A. I can't remember, no.
- Q. Were you surprised when she came into the room with the medication ticket and the medication drawn up?
- A. I was not surprised that she would be giving Allana her 1 o'clock medication because I could not get away to give it.
 - Q. Sure.



TORONTO, ONTARIO

| 1 | 4 | 4 |
|---|-----|----|
| _ | | |
| | | 1 |
| | 4 | 2 |
| | 6.4 | 3 |
| | 4 | į. |
| | | 5 |
| | (| 5 |
| | | 7 |
| | 8 | 3 |
| | (|) |
| 1 | (|) |
| 1 | 1 | |
| 1 | 4 | 2 |
| 1 | 1.7 | 3 |
| 1 | 4 | Ŀ |

| | l |
|-----|--|
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | The Person Name of Street, |
| 11 | - |
| 12 | 1 |
| 13 | |
| 1.4 | - |
| 14 | - |
| 15 | - |
| 16 | |
| 17 | 1 |
| 18 | - |
| 19 | - |
| 20 | |
| 21 | |
| 22 | 100000000000000000000000000000000000000 |
| 23 | - |
| 24 | And the second s |
| 25 | - |

A. The only thing that did surprise me to some extent was that she would check, she would actually bring the medication in to check with me because it is not normally a medication that is needed to be checked.

- Gentamicin I take it is an 0. antibiotic?
 - That's right. A.
- Q. And you do not normally, or did not normally check antibiotics with anyone else before administering them?
 - Α. Right.
- You must have become aware at 0. some stage prior to 1 o'clock that you were not going to be free to go and do that medication?
 - A. Right.
- But you have no recollection as to whether having realized that you then asked someone else, Mrs. Trayner or anyone else to have done it for you?
- I could very well have, I A. don't specifically remember.
- Okay. So, you are with Cook until 2 o'clock in the morning. At this stage as I recall it you still haven't had a break, have you?



| A | That' | s ri | ght. |
|---|-------|------|------|
|---|-------|------|------|

Q. You tried to get one then or what did you do?

A. Yes, I did. I think it is important too that while I was in Justin Cook's room I could hear Allana Miller's monitor going off.

Q. Right.

A. And I recall at one point that Mrs. Trayner came in with a strip off the monitor of Allana Miller.

Q. Came into 418?

A. Right.

Q. Yes.

A. And showed it to Dr. Schaffer or Dr. Soulioti, one or the other.

Q. Have you any idea of approximately what time that was?

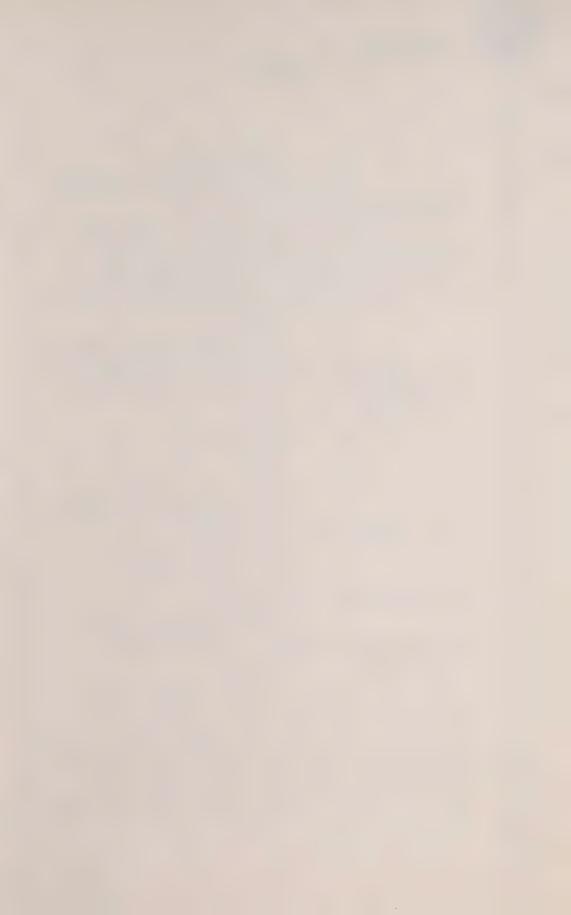
A. I don't remember. It was some time after I returned from the cath lab.

Q. All right.

A. I'm sorry, the echo lab.

Q. Yes. All right, it is now 2 o'clock and Cook is finally settled in. Is it at that stage that you went to try and get a break?

A. Yes. It was even after that



TORONTO, ONTARIO

1

2

3 4

5

6

7

8 9

10

11 12

13

14 15

16

17

18

19 20

21

22

23

24 25

| because | I | did | not | rec | ord | his | 2 | o'clock | vital | • |
|---------|-----|-----|-------|-----|------|------|---|---------|-------|---|
| record | her | 2 0 | o'clo | ock | vita | als. | | | | |

0. Okay. The flow sheets on page 36 of the chart, vital signs recorded at 2345, you told us about that, 2400, 0100 and then 0145 and the 0210.

A. Right.

Is any of those entries in your handwriting?

> A. No, they are not.

Do you recognize the hand. 0.

Is the 2345 in your writing?

Yes, it is. Α.

Okay, but none of the others? 0.

A. No.

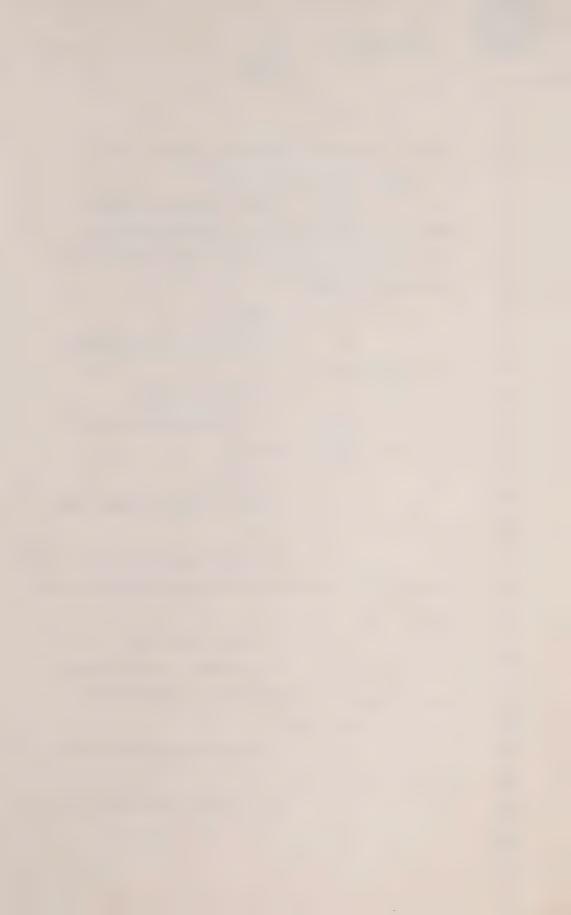
Do you recognize the hand that wrote them? There may be more than one hand there, I don't know.

> I think there are. A.

Q. All right. And you are not able to help us as to who may have made those entries of vital signs?

A. I believe I recognize some of the writing.

Q. Do you have any measure of



7 8

| confidence | in yo | our | recognition | because | if | you | áon' | t |
|-------------|-------|-----|-------------|---------|----|-----|------|---|
| I won't ask | you | to | guess. | | | | | |

A. It's my feeling that at 0145 and the writing of 54 and irregular is Mrs. Trayner's because it would seem to me it was then that that kind of level, that kind of heart rate would be what she was concerned about and what she would have brought the strip in from the monitor because that was the lowest rate it had been.

THE COMMISSIONER: 54, the pulse, is that the one?

THE WITNESS: Right.

THE COMMISSIONER: It's not the blood pressure it's the pulse that's the problem?

MR. LAMEK: Q. Blood pressure is

MR. LAMEK: Q. Blood pressure is 48 - or is that 88?

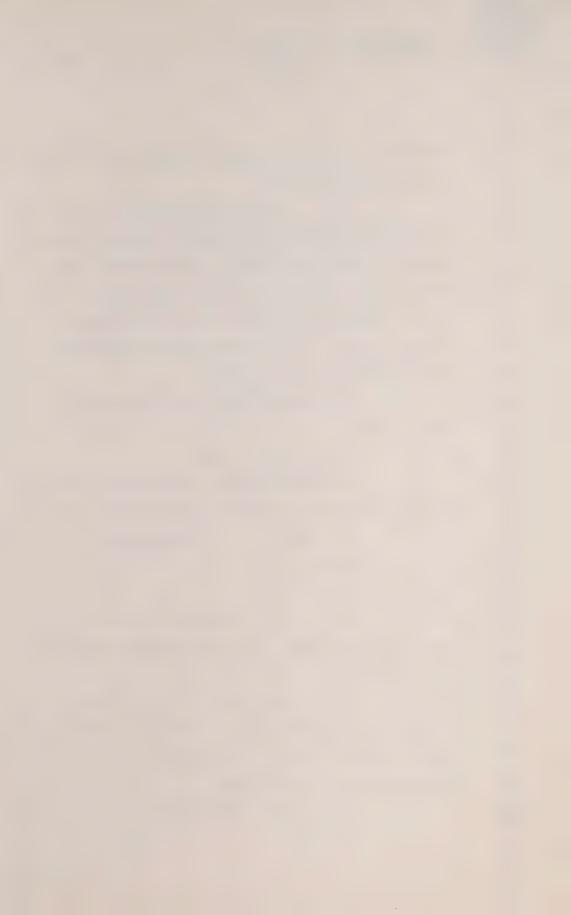
A. 98.

Q. 98, it couldn't be 48 - it could be but it wouldn't be very healthy, would it?

No.

Q. All right. So, it is 98, is it, all right. Before trying to get your break did you go and take a look at Allana Miller at 2 o'clock or thereabouts in the morning?

A. No, I did not.



Q. Okay. Even though you knew her monitor and alarm had been going off?

A. Yes, but I would assume that she was being looked after and I simply walked out of Justin's room and went to the desk.

Q. Okay, you made a sharp turn and went down to the nursing station?

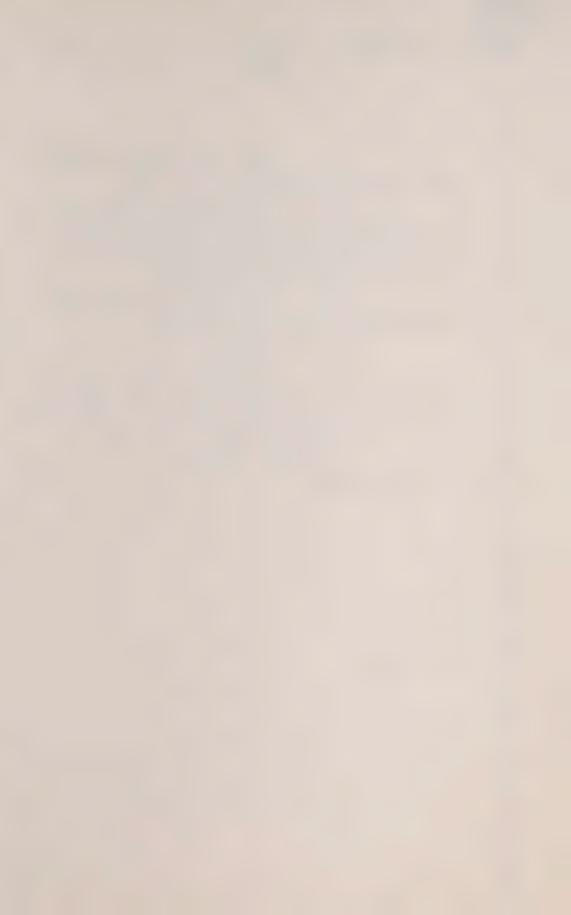
A. Right.

Q. Perhaps we can leave you there until after lunch, how would that be, Mr. Commissioner?

THE COMMISSIONER: Quarter past 2.

MR. LAMEK: Thank you.

---Luncheon recess.



AA DP/PS

3

1

4 5

6 7

8

9

11

12 13

14

1516

17

18

19 20

21

22

23

24

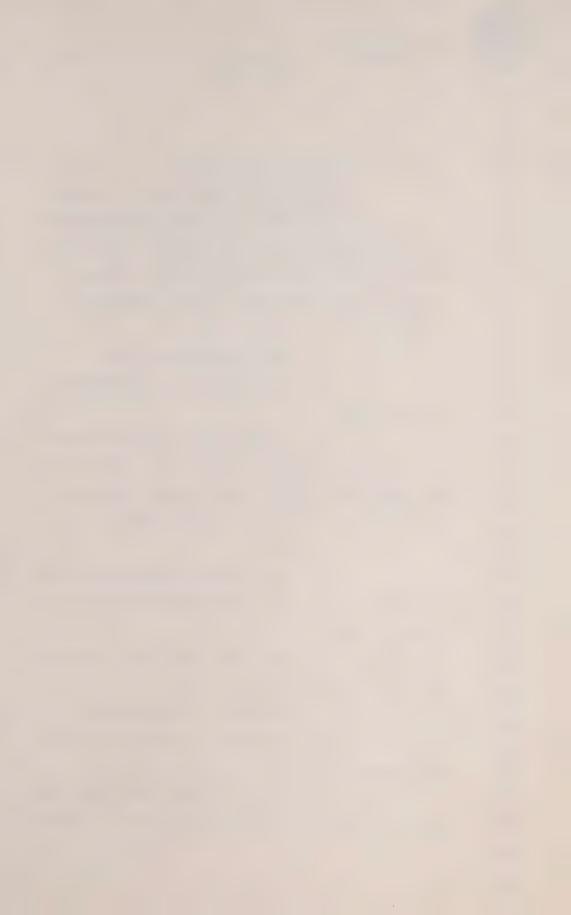
THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: O. Miss Nelles, when

--- Upon resuming after the recess.

MR. LAMEK: Q. Miss Nelles, when we broke for lunch we were talking about the night of Allana Miller's death and you told me of your eventual escape from Room 418 with Justin Cook about 2:00.

- A. Some time after 2, yes.
- Q. Can you tell me please what happened then?
- A. I went back out to the desk and I recall standing at the front of the desk and Bertha Bell came down the 4A hallway and she was walking in the direction of the clean utility room.
 - O. Yes.
- A. And she said that Allana Miller was vomiting. So I left the desk and went down to Allana's room.
- Q. Was that immediately after you got to the desk from leaving 418?
 - A. A manner of minutes, yes.
- Q. When you got to Room 423 what did you find?
- A. Phyllis Trayner was there with
 Allana Miller and she had Allana sitting up because



| 1 |
|---|
| T |
| |
| |

4 5

67

9

8

11

10

12 13

14

15

1617

18

19

20

21

22

23

24

Allana was vomiting.

- Q. Then what happened?
- A. Then I believe the reason that Bertha Bell had left the room was to get a suction cup and I believe at that time she also notified Dr. Soulioti and while Phyllis and I were waiting we got things ready to suction Allana.
- Q. Can you go on and just tell us what happened in sequence from there?
- A. Then I believe Bertha Bell came back in with the suction cup and we proceeded to suction the baby. Then Dr. Soulioti came down to have a look at Allana and see what she was doing.
 - O. Yes.
- A. Then she started to get into difficulty.
- Q. By that time are we approximately at the 2:40 time shown in your note?
 - A. Right.
- Q. So the events you have just described occupied a period from some few minutes after 2:00 until 2:40.
 - A. Right.
- Q. Does your note then set out the observations that you made when as you say the baby

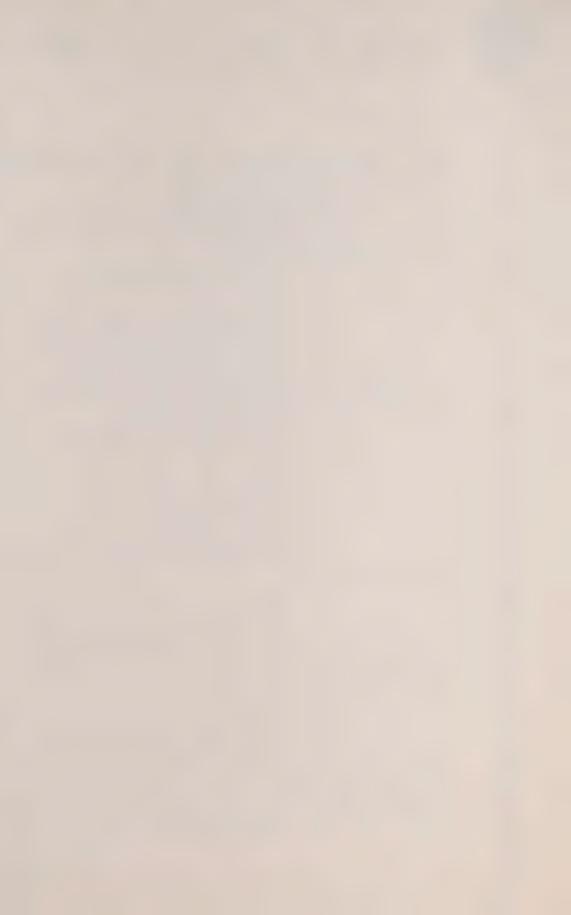


| 40 | 1 |
|----|---|
| | 4 |
| | 1 |
| | |
| | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| | 7 |
| | 8 |
| | 9 |
| 1 | 0 |
| 1 | 1 |
| 1 | 2 |
| 1 | 3 |
| 1 | 4 |
| 1 | 5 |
| 1 | 6 |
| 1 | 7 |
| 1 | 8 |
| 1 | 9 |
| 2 | 0 |
| 2 | 1 |
| 2 | 2 |
| 2 | |
| | |

25

began to get into difficulty, began to seizure, became very rigid, extended legs and arms?

- A. First Dr. Soulioti requested that the baby be given some Lasix.
 - Q. Okay. So was that done?
 - A. Yes.
 - Q. Where did the Lasix come from?
- A. I believe it was myself who went to the medication room and got a vial of Lasix and brought it back to the room with a syringe.
 - Q. Was it drawn up in the room?
 - A. Yes.
 - Q. By whom, by you?
 - A. I think so, yes.
- Q. And handed to Dr. Soulioti for administration?
 - A. Right.
- Q. And within five minutes the baby began to get into the difficulties that you describe in your nursing note?
 - A. That is right.
- Q. Indeed when you listened after the seizure activities began to be manifest there was no heart rate at all.
 - A. That is right.



morning.

1

2

3

4

6

8

9

10 11

12

13

14

15

16

17

18

19

20

21

22 23

Q. with you?

I will give you the one without the Q.

Do you have a copy of those notes

0. The code was called and the arrest team arrived and were unable to resuscitate the child and she was pronounced dead at 3:27 in the

> Α. Yes.

0. Can we just go back over a couple of things relating to that night because I confess I have had the benefit of lunch time and talking with Ms. Cronk to help me with a couple of matters. When you first went up to the nursing station at about 10:00 I think you said, the first time you tried to get a break?

> Α. Yes.

Did you actually get to the nursing station and get yourself seated before the alarm went off on Allana Miller's monitor?

I don't remember.

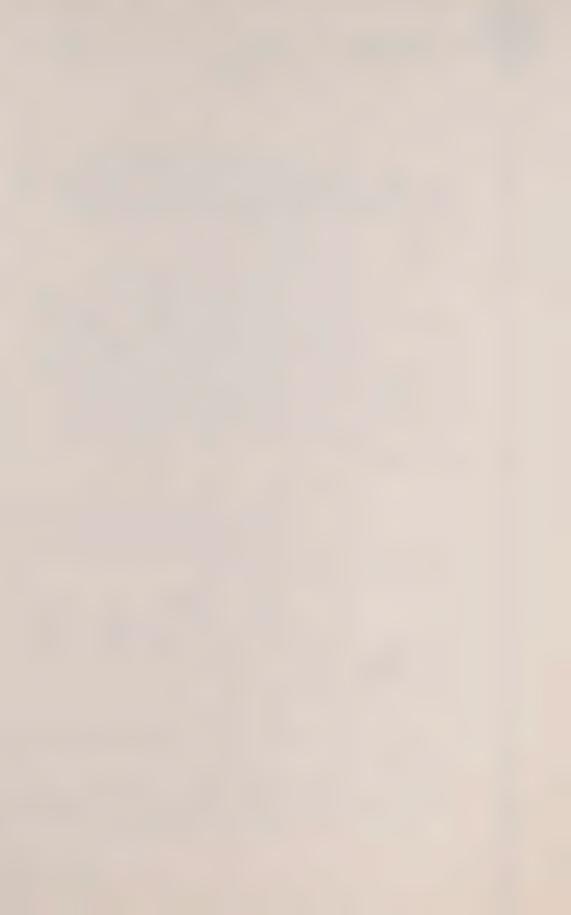
Do you recall at a much earlier stage than this making notes about the events of the night of March 21?

> Α. Yes, I do.

Not here, no. Α.

24

25



Nelles?

| 1 |
|----|
| 2 |
| 3 |
| 4 |
| 5 |
| 6 |
| 7 |
| 8 |
| 9 |
| 10 |
| 11 |
| 12 |

13

14

15 16

17

18 19

20

21 22

24

| | ш |
|----|----|
| 22 | 11 |
| 23 | 31 |
| | 1 |
| | 1 |
| | 11 |
| | |

dog-ears. Do you recognize that as a copy of the note you made of the events of the night of Allana Miller's death?

- A. Yes.
- 0. When were the notes made, Miss

I believe some time around Α. the second week in April.

Q. Okay. If you turn to the second page of the notes, really, what is concluded as the second page, it is the back of page 1, I think, the second full page of text.

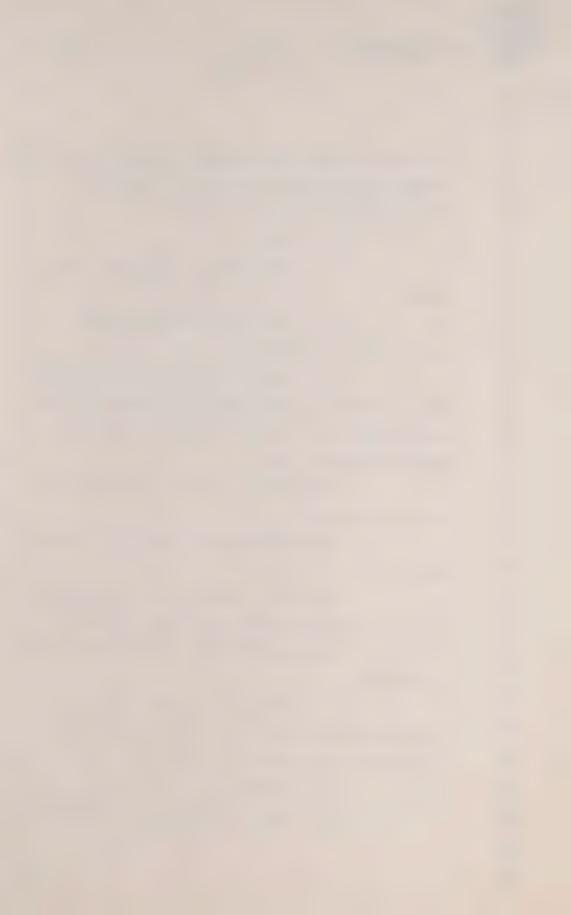
MR. PERCIVAL: Is there any reason why we cannot see this?

THE COMMISSIONER: I was just wondering myself --

MR. LAMEK: Once we have them identified and dated then there is no reason why you cannot.

THE COMMISSIONER: We are being premature, Mr. Percival.

- Q. There is a number 198 in the top right hand corner of the page to which I am directing your attention, Miss Nelles.
 - A. Right.
 - Q. And in the middle of the page you



2 3

4 5

6

8

9 10

11

12

13

14

15

16

now?

17 18

19

20

21

22 23

| ć | 9 | - | , |
|---|---|---|---|
| | | | |
| | 9 | 4 | |
| | d | 4 | |
| | | | |
| 3 |) | 5 | |
| | , | J | |

say, "After this at approximately 2200 hours I sat down at the back of the nurses' station for a few moments. About ten minutes later I heard Allana's monitor go off so I went down to see what the problem was."

- A. Right.
- Q. These notes I take it were made relatively close to the events that you have described, as you have told me.
 - Α. That is right.
- Q. It appears that your recollection at that stage was that you were at the nursing station sitting down for about 10 minutes before you heard the monitor.
 - Right. Α.
 - Does that assist your recollection

As I say, I don't remember whether I sat down or not but this would be more accurate than my recollection now.

- It would be a fresher recollection, I take it.
 - A. That is right.

THE COMMISSIONER: Before we go any further, like Mr. Percival I have not read this thing



2

4

6

8

9

10

12

13

14

15

1617

18

19

20

2122

23

24

25

so I don't know, but is this supposed to be the same time, at 2:00 that you were just talking about?

MR. LAMEK: No, 2200 hours, Mr.

Commissioner.

THE COMMISSIONER: Oh, this is before.

MR. LAMEK: Yes, this is 10:00 on the occasion of Miss Nelles' first trip off to the nursing station in an attempt to get a break.

MR. PERCIVAL: Would it be possible for Mr. Lamek to elicit from the witness - I don't understand the numbering, 107, blank, 108 and 109.

MR. LAMEK: I don't think I need to elicit it from the witness. I can tell Mr. Percival what we have done is be so kind as to copy the comments on the back of the page as well as the front of the page.

MR. PERCIVAL: Do I take it that the witness has waived her solicitor/client privilege as manifested at the top of the page?

MR. LAMEK: Plainly.

MR. PERCIVAL: I did not hear that from the witness. I am sorry.

MR. LAMEK: I would hardly be introducing a document as an exhibit with a privilege -THE COMMISSIONER: Just a moment. I



3

G 25

0

1

8

10

11

13

14

15

16

17

18

20

21

22

24

25

take it you are going to tender this one as an exhibit?

MR. LAMEK: Yes.

THE COMMISSIONER: Will you do that now?

MR. LAMEK: Yes, indeed.

THE COMMISSIONER: The notes then will be Exhibit 392.

---EXHIBIT 392: Notes prepared by Susan Nelles re.

death of Allana Miller.

MR. OLAH: Perhaps my friend could clear up the numbering in the right hand corner of the page.

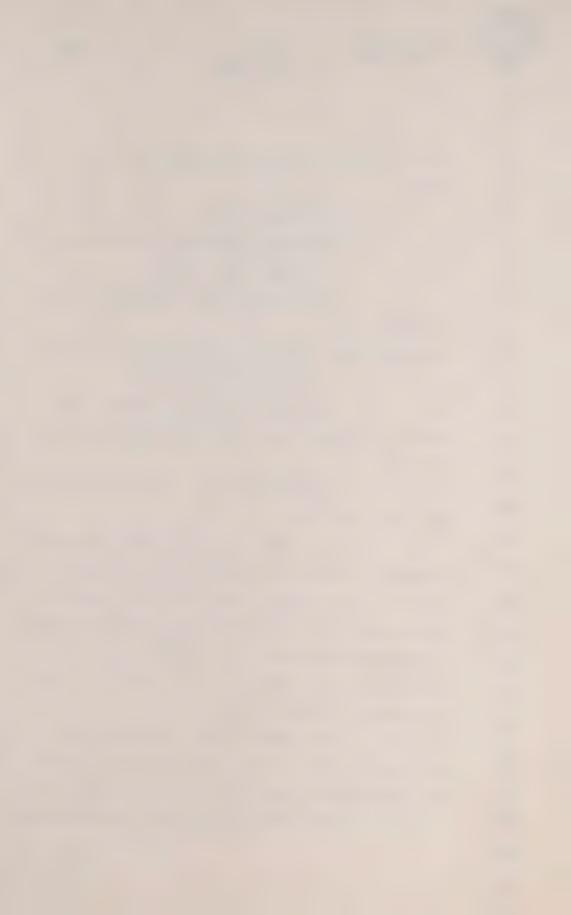
THE COMMISSIONER: That is what he has just done, Mr. Olah.

MR. LAMEK: The numbering is not mine. I assume it to be that of Miss Nelles' solicitor but page 107 had on its back the notes which appear on the second sheet in the bundle and followed curiously by page 108 which did not have rotes on the back and therefore proceeds straight to page 109. I have just copied the back of page 107.

THE COMMISSIONER: To help me out, we were talking about 2 p.m., what happened at 2 p.m.

Now you have gone back to what happened at 10 p.m.

MR. LAMEK: Yes, I had asked Miss Nelles



4 5

whether on the occasion of her first trip to the nursing station at 10:00, 2200 hours she had actually reached the station and sat down before she heard Allana Miller's alarm go off.

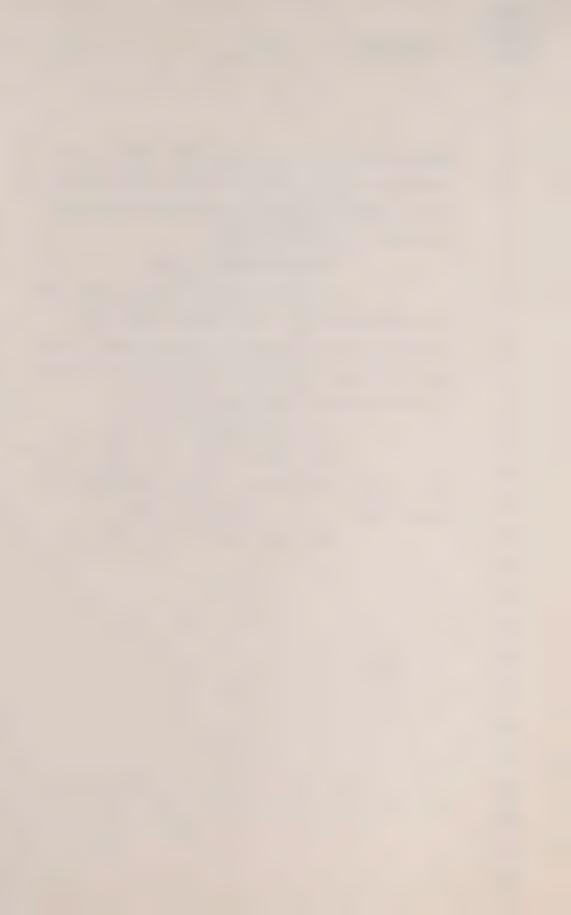
THE COMMISSIONER: Yes.

MR. LAMEK: She could not recall today so I then put to her a note that was made much earlier as to the event which seems to record that she was sitting down at the nursing station for ten minutes before the alarm went off.

THE COMMISSIONER: All right.

MR. LAMEK: Perhaps it might be sensible just to take a brief pause and let everybody read through these notes. It might be useful.

THE COMMISSIONER: All right.



8B Fm/cr

THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Q. Miss Nelles, there is one thing that I might have omitted to ask you this morning. You told us that you did the vital signs of Allana Miller at quarter to 12.

- A. Right.
- Q. And then returned to Room 418.
- A. Right. Well I simply went to pick up Justin Cook.
- Q. All right. My question was, and I meant to ask it of course, at what time did you take Justin Cook to the echo lab that night?
- A. Immediately after I took

 Allana's signs. I took Allana Miller's signs at

 quarter to 12 in anticipation that I was leaving the

 floor.
- Q. And immediately thereafter you went to collect Justin Cook and took him down to the echo lab?
 - A. That is right.
- Q. Now, the 10 minute respite that we have just been able to find, at about 10 o'clock, you then said you spent perhaps 20 to 30 minutes I think you said with Allana Miller when you went down to her room to see what the problem was



1

2

4 | 5

6

7

9

10

12

13 14

15

16

17

18

19

20

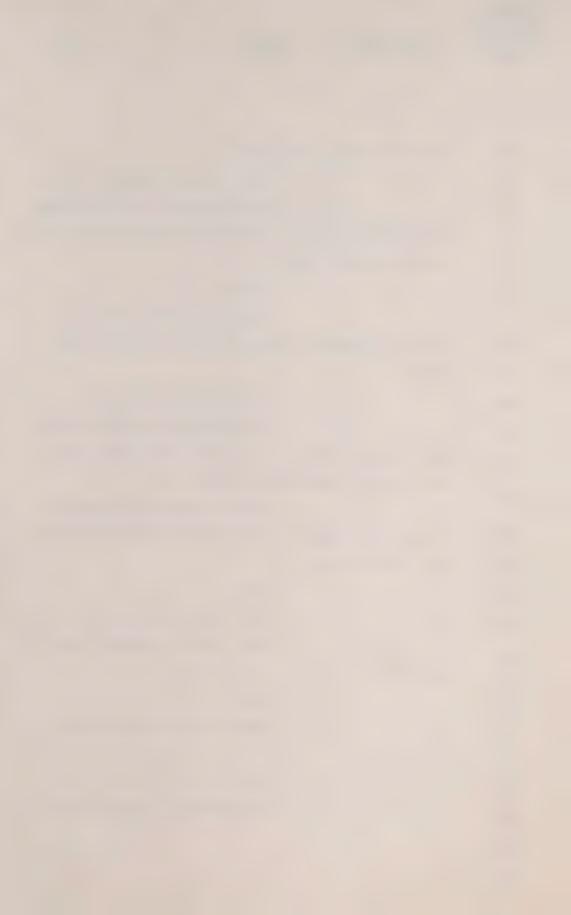
21

23

24

| with | the | monitor | going | off? |
|------|-----|---------|-------|------|
| | | | | |

- A. That is my recollection, yes.
- Q. And if in fact you were about 10 minutes at the desk, at the nursing station before you went to her room?
 - A. Right.
- Q. Would that throw back by perhaps 10 minutes the time when you went to admit Cook?
 - A. It could very well, yes.
- Q. The admission of Cook may have been a little after 10:30 rather than at the 10:30 that you have suggested earlier?
- A. I think the actual recording of the vital signs, or my admission note for Justin Cook states 2300.
 - Q. Yes.
 - A. That could very well have been.
- Q. Would that be shortly after he came onto the ward?
 - A. Yes.
 - Q. One of the first things you
- did with him?
- A. Yes.
- Q. So perhaps it may be closer to



3

4

3 6

7 8

10

9

11 12

13

14 15

16

17

18 19

20

21

22

23 24 needle on the syringe?

0.

Α. I would imagine so.

never seen it done, but if you are flushing a

That is something you have not 0. seen done as yet?

Now I know you said you had

A. Right, and I have not done it

11 than 10:30 when he actually appeared on the ward?

Α. It could have been, yes.

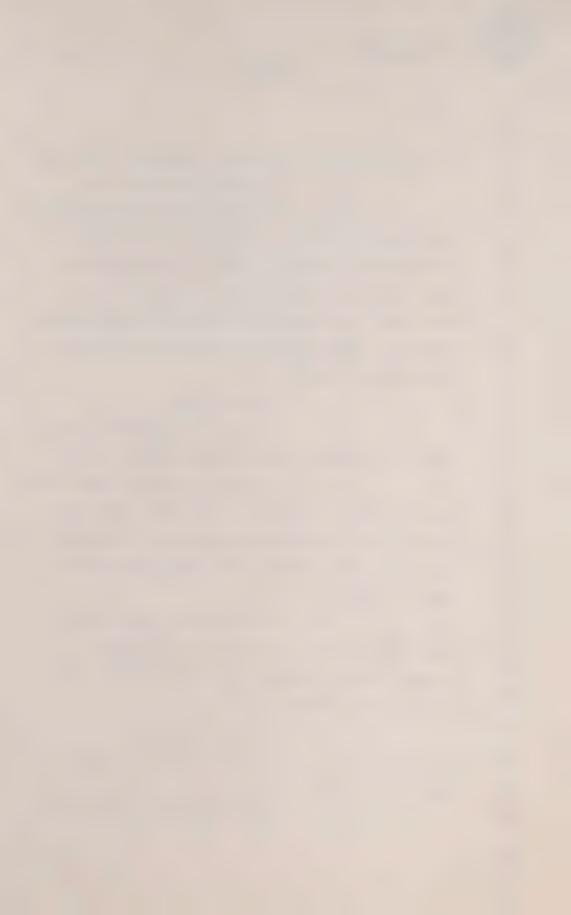
0. And just one other thing about the evidence earlier. We talked about buretrol, and flushing IVs and that sort of thing, but we also talked about administering ampicillin, in your case, and subsequently that night administering gentamicin, these would go into the buretrol as well, would they not?

> Α. That's right.

0. How do you administer a drug into the buretrol, how physically do you do it?

You take a syringe with a needle on the end of it and there is a rubber stop cork in the top of the buretrol and you put the needle into that rubber stopper and infuse the medication into the buretrol.

buretrol with a syringe, would you similarly have a



3

1

5

6

17

8

9 10

11

12

13

14

15

16

17

18

19

20

21

22

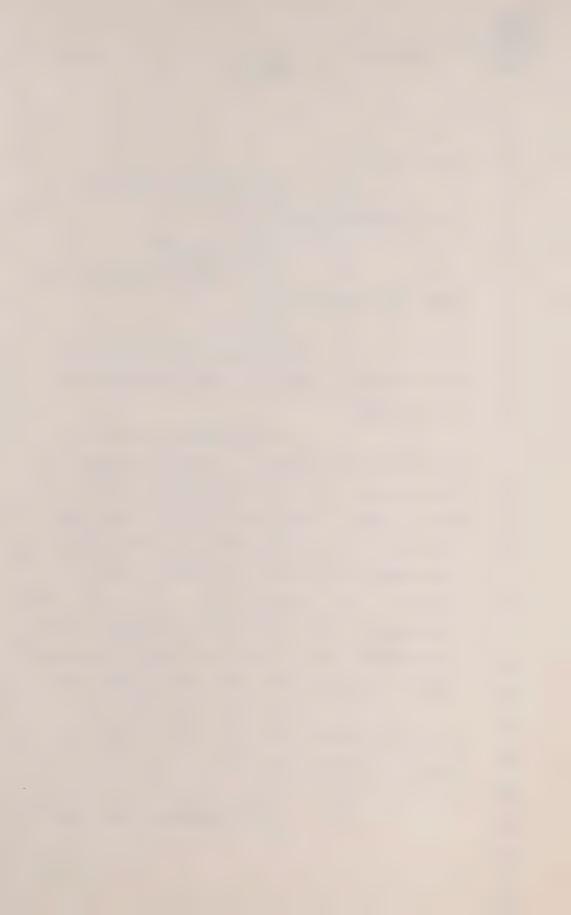
23

24

25

myself, right.

- 0. What was your reaction to the death of Allana Miller?
 - Α. I was very upset.
- 0. Yes, I take it you were always upset when a patient died?
 - Α. Yes.
- Were you anything other than or in addition to upset, were you surprised, were you concerned?
- I felt sort of it was a difficult night because I really - although she was my patient I had really not spent a lot of time with her. I was aware, as I say, when I was with Justin Cook that her monitor had been going off numerous times, but I was unable to attend to her myself. So I really was not, I did not feel that I knew her that well and knew what was going on when I wasn't with her. I mean, there was a whole period there for about two hours that I had not seen her.
- · Have I now had then your best recollection of the events of the night upon which Allana Miller died?
 - A. Yes.
 - If we can just go back for a Q.



| | | 4 | |
|--|--|---|--|
| | | | |
| | | | |
| | | | |

4

5 6

7

8 9

10

11

12 13

14

15

16 17

18

19

20 21

22

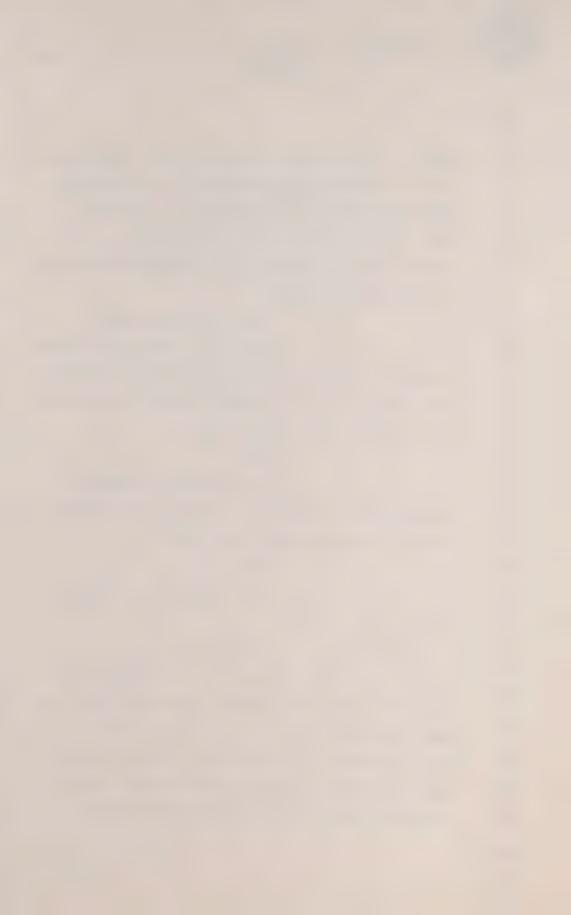
23

24

25

moment to Kevin Pacsai, before we move forward again. You will remember that we referred to the nursing note which recorded Dr. Costigan as having been there - not the nursing note, his own note, in the progress notes, recording his attendance in the room at 5:30 in the morning.

- I don't have his chart.
- Here it is. Well, let's look 0. at mine, it is all the same. It is page 63 of the chart and at 5:30 Dr. Costigan recorded he was asked to see Kevin, you remember that?
 - A. Right.
- Do you recall me asking you 0. whether that was the first time that Dr. Costigan had been in to see Kevin that night?
 - A. Yes.
- Q. And I believe you told me, yes, it was.
 - A. I think it was, yes.
- 0. Once again your counsel has been good enough to provide me with notes that you made about the events of that night. I take it he has no objection to my referring to them and putting them to you, and if appropriate offering them as an exhibit, do you have a copy of those notes?





Nelles, ex. (Lamek)

| | 1 |
|----|-----|
| 1 | |
| 2 | |
| 2 | 1 |
| J | |
| 2 | į |
| 1 | ľ |
| 6 | 1 |
| (| ; |
| 7 | , |
| 8 | |
| 9 | |
| 10 | l n |
| 11 | |
| | |
| 13 | |
| 14 | |

A. No, I don't.

Q. You identified that as a copy of the notes that you made earlier for purposes of your then counsel?

THE COMMISSIONER: I take it they have been distributed at the moment, Mr. Sopinka, so I take it you are answering Mr. --

MR. SOPINKA: It seems my decision has been pre-empted, I thought they were for my friend's use.

THE COMMISSIONER: Yes.

MR. LAMEK: I had understood quite the contrary from Mr. Brown.

THE COMMISSIONER: All right, no harm done then.

MR. LAMEK: Q. Do you recognize this as a copy of the notes that you made about the events of the night of Kevin Pacsai's death?

A. Yes.

MR. PERCIVAL: Mr. Commissioner, I am not trying to object, but it seems to me - I would have thought it is the witness' protection and privilege not for her counsel.

THE COMMISSIONER: Well, her counsel

And when were they made, please.

24

15

16

17

18

19

20

21

22

23



can speak for her.

4

5

6 7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

MR. PERCIVAL: Well, I would like to think so but I still have not heard from the witness.

MR. SOPINKA: I don't know why my friend is suddenly so protective of Susan Nelles, his clients certainly didn't show much concern. I can tell you that my instructions are, I am acting in accordance with instructions and we have nothing to hide and as evidence of that we have produced the notes that she gave to Mr. Cooper, and I hope that the police will follow that example, it took us months to get the Police Report.

THE COMMISSIONER: Everybody is right here, and Mr. Percival is right that it is the client's privilege, but it is still right that you can speak for her and you can exercise that privilege on instructions, which you are doing. So at any rate these documents are now --

MR. LAMEK: Q. You were about to tell me when the notes were made, Miss Nelles?

I believe these were the notes that were made at the request of Mrs. Radojewski when she phoned me to tell me about the death of Kevin Pacsai.

> Q. Yes.



| - | |
|---|--|
| | |
| | |
| | |

4

5

6

8

9

10

11 12

13

14

1516

17

18

19 20

21

22

2425

A. But I believe that there were additions and you can see there is writings in the margins, et cetera.

Q. Yes.

A. Which I believe to be additions made by both Mr. Cooper and David Cole.

MR. LAMEK: They were made following Mrs. Radojewski's phone call so that would be shortly after March the 18th I take it, it was a Wednesday the date that she called you at home?

THE WITNESS: Yes I think the notes were made the 19th.

THE COMMISSIONER: The 19th of what?

MR. LAMEK: Of March.

THE WITNESS: Of March.

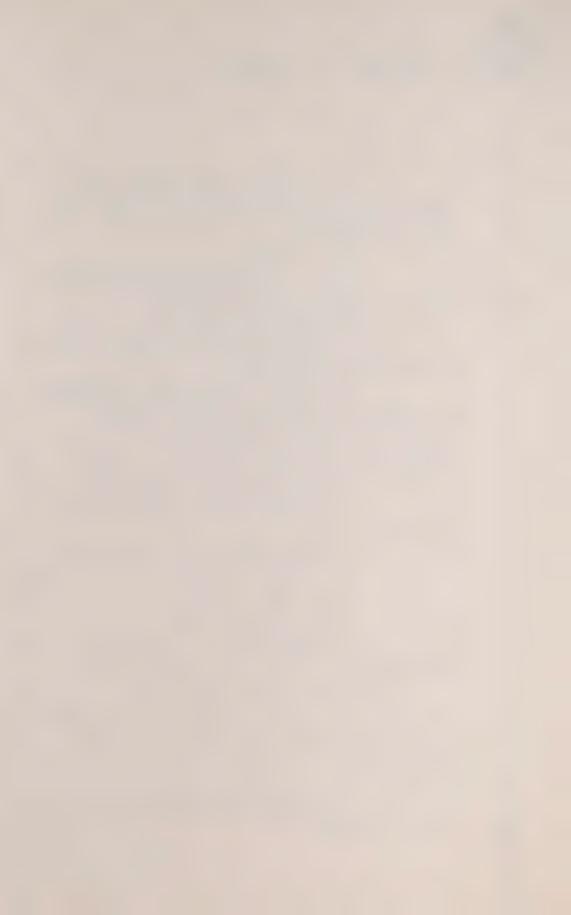
THE COMMISSIONER: Yes. Yes, oh I understand back after the call to Belleville?

THE WITNESS: That's right.

MR. LAMEK: Q. And were then perhaps expanded for Mr. Cooper and Mr. Cole's purposes?

A. Yes.

THE COMMISSIONER: The Wednesday was not the 19th, so --



after that.

| 1 | ı | |
|---|---|--|
| | L | |
| | | |

2 3

4

5

6 7

8

9

10 11

12

13

14

15

16 17

18

19 20

21

23

22

24

25

MR. LAMEK: It was the 18th I believe. THE WITNESS: I believe I made them

THE COMMISSIONER: Oh, I see, you made them on the Thursday?

THE WITNESS: Right.

MR. LAMEK: Q. Following a call on Wednesday evening from Mrs. Radojewski?

> A. Right.

MR. LAMEK: Perhaps, Mr. Commissioner, it might be useful to take a pause to permit those notes to be read.

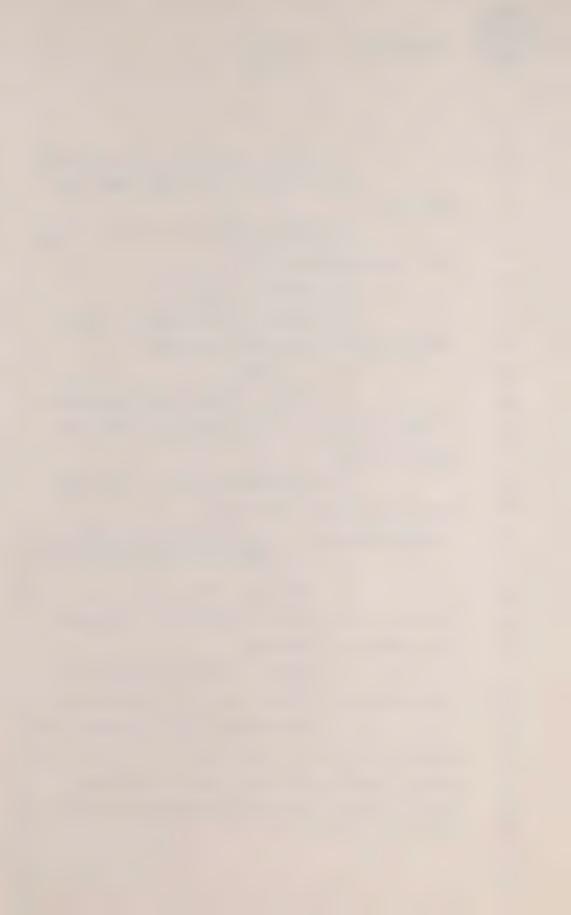
THE COMMISSIONER: Yes. Can we also make them a number, Exhibit 393.

---EXHIBIT NO. 393: Handwritten notes prepared by Susan Nelles the 19th of March, 1981.

MR. PERCIVAL: Some of this is not legible, is the original available, are they going to be marked as an exhibit?

MR. LAMEK: I have seen Xerox copies, these are copies of Xerox copies, Mr. Commissioner.

THE COMMISSIONER: It is possible the witness may be able to read them for us. You can't push Mr. Sopinka any further than he has already gone, but maybe if we can't read them he might be



able to help by referring to the original. Where is the original, is the original available?

MR. SOPINKA: If there is any problem reading it I think that I can be of some assitance.

THE COMMISSIONER: Yes, all right.



CC BM/PS MR. LAMEK: Q. Miss Nelles, with respect to the notes the question is really a short one. On the third sheet in the bundle, which is numbered 110 in the top right hand corner, at the bottom of the page, the last three or four lines, having described what you found when you returned to Kevin Pacsai's room you said:

"As Dr. Costigan and Dr. Kantak were still on the floor at that time I notified them of the change in the infant and they came to look at the strip. Babe was in 17% oxygen at this time..."

And going over to 111:

"I believe it was this time also baby gagged and vomited the 7 cc.'s he had taken previously."

And so on:

"He was suctioned to ensure there was no further fluid, mucous present."

The next paragraph:

"The baby's apex continued to be irregular, I believe it was at this point that Mrs. Trayner, Dr. Costigan and myself noted the occasional appearance



3 4

5 6

7

8 9

10

11

12 13

14

15

16

17 18

19

20

21

22

23

24

25

of what would seem to be a 2 tc 1 block occurring when the apex dipped below --"

Is that 80?

- A. Right.
- "However, this seemed to disappear for a short while and Dr. Costigan left the room."

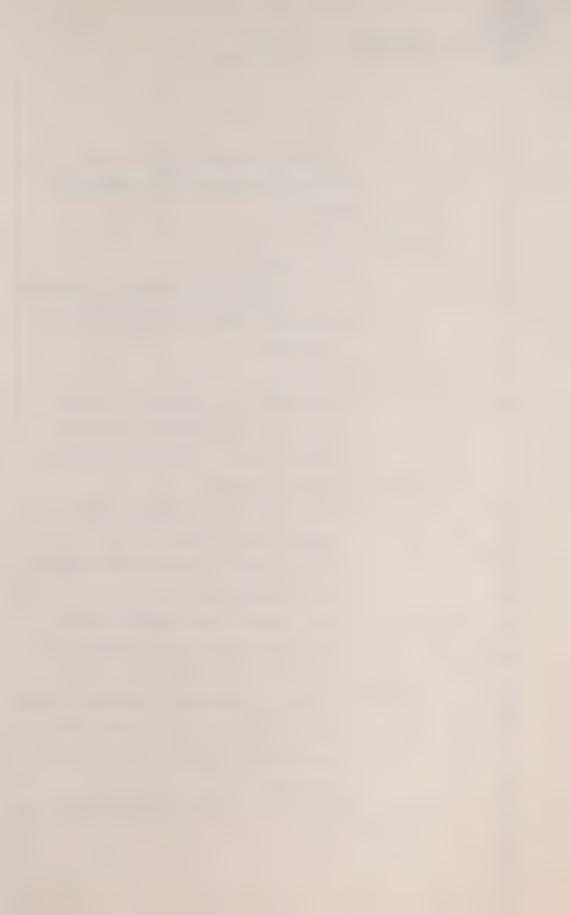
And then you refer to:

"After about 15/20 minutes voicing concern to Doctors Kantak and Ning and they came by to examine the child."

Towards the bottom of the page:

"After they had left baby's behavior appeared quite unusual at these times as well since he seemed to be gagging and his eyes would draw back in his head for a second before becoming normal again, alternated between being very quiet and settled to being very frantic and upset but the reason I noted this is because it was a very sudden, drastic change with no apparent reason behind it.

Again, I called Dr. Kantak into the room



and learned at this point that Dr. Ning had left the ward."

You then say you:

"...noticed a 2 to 1 block again.

I suggested that Dr. Costigan be asked to return to the ward, which he did."

Does that assist your recollection as to whether
Dr. Costigan appeared for the first time at about
5:30 or whether he had earlier been in to see Kevin?

- A. I'm sorry, he must have been there before.
- Q. Indeed, Dr. Costigan appears to have been there twice; once shortly after you got back to the room and first observed the change in the child and then later after Dr. Ning had left.
 - A. That's right.
- Q. Yes, okay. Now, can we go to the Saturday night, please, the night upon which Justin Cook died. You came on the evening shift at what time? What time did you reach the ward, do you remember?
- A. I don't remember exactly when it would have been, it would have been some time around 7:00.



1

3

5

7 8

9

1011

12

13

14

15

16

17

19

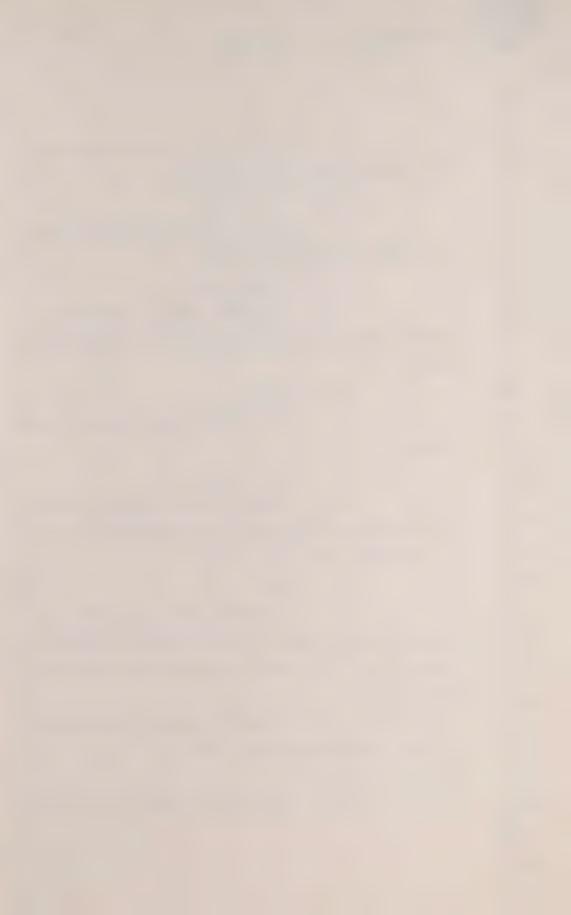
20

21

2223

24

- Q. Around 7:00. Did you check what your assignments were for the night?
 - A. Yes, I did.
- Q. is that the first thing that one does when one arrives on shift?
 - A. Usually, yes.
- Q. All right. And you found that you were assigned to constant care of Baby Cook that night?
 - A. Right.
- Q. All right. Did you then go to take report?
 - A. I believe so, yes.
- Q. Is that the report that is given in the conference room with the off-going shift and the on-going shift all together?
 - A. Right.
- Q. All right. And in the course of receiving report from the day shift what if anything did you learn about your patient for the night, Justin Cook?
- A. I remember learning that he had a heart catheterization that day.
 - Q. Yes.
 - A. I believe Miss Mandal told us the



results of the heart catheterization. I recall her telling us that Baby Cook had had a blue spell, I believe somewhere around 5:30, 6:00 in the evening, and that the cart had actually been brought into the room and that there was quite a bit of concern about that blue spell.

- O. Yes.
- A. I recall being told that he had received propranolol at that time and that I believe one of the physicians had asked that propranolol be kept right at the bedside. So, I believe it was Mrs. Mandal who told me that there was propranolol taped to the end of the bed.
 - Q. Yes.
- A. I think she also told me that

 Justin was on oral propranolol on a regular basis

 and that there had not been enough on the floor, so,

 Mrs. Scott had had to go to another floor to get it

 so that the amount for the evening would be in the

 fridge.
 - Q. All right.
- A. Other than that, she told me about the heart cath, what time the child had gotten back from the cath and we have a special procedure that we do in regard to vital signs and petal pulse



3

1

2

4 5

6

8

9

11

12

13

14

15

16

17

18

19

20

21

22

23

24

| and what not on the child once he is returned from | |
|--|-----|
| the cath lab. I believe she told me at that time | |
| they were having difficulty obtaining the petal puls | 5 6 |
| in the light of the cath. | |

- Q. Were you also told at that time that Justin Cook was going to surgery the following morning?
 - A. Yes, I was.
- Q. Right. And was it your understanding that that was an emergency measure and that the surgery had been quickly arranged?
- A. Yes. I don't know whether Marie told me that or whether I actually read that in the chart later.
- Q. Did you also receive any instructions as to the child's resting and being kept quiet and something of that sort?
- A. Not from Mrs. Mandal, I don't remember hearing that from her but she could have told me.
 - Q. All right. Did you then go to

Room 418?

- A. Yes, I did, I left report early.
- Q. I'm sorry?
- A. I left the report before it was



4

3

5

7

8

9

11

12

13

14

15

16

17

18

19

20

then?

21

2223

24

25

| 1 | n | 1 | S | n | ea | 9 |
|---|---|---|---|---|----|---|
| | | | | | | |

Q. All right. And Mrs. Scott was in Room 418?

A. Right.

Q. She had been caring for the baby during the day?

A. Right.

Q. Indeed, as we have heard from her and as we know from the chart from about 6:00 onwards the time of the blue spell she had been assigned to provide constant care to Cook.

A. Right.

Q. So, I take it she couldn't leave until you arrived.

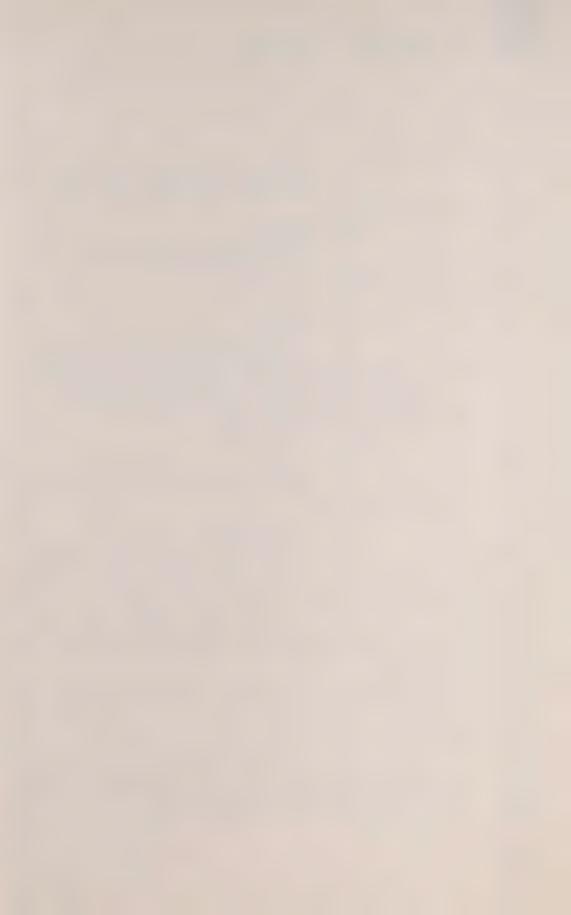
A. That's right.

Q. All right. Did she tell you anything further about Justin Cook's condition?

A. I don't recall anything else but she may have told me some of the things that Marie had told me.

Q. All right. And what happened

A. I believe that she asked one of the nurses in the room to stay with Justin for a minute while she and I did the narcotic count.



| 3 | Ċ |) | |
|---|---|---|--|

1

3

5

6

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

| | | Q. | And | she | had | been | the | controller |
|----|-----|-------------|--------|-------|-------|--------|-----|------------|
| of | the | narcotic ke | ys tha | ıt da | ay, h | nad sh | ne? | |

A. I believe she must have counted the narcotics in the morning.

Q. Yes. And now although she was on constant care she was the person responsible for counting narcotics at the end of the shift?

A. Yes.

Q. And you were the person who was going to take over the keys from her?

A. Well, Phyllis was busy in report and I was the only other RN on the floor.

Q. Yes.

A. So, I would be the most logical one to do the narcotic count.

Q. All right. So, the two of you went off to the medications room.

A. Yes.

Q. And did the narcotic count.

A. That's right.

Q. And then you took the medication and cupboard keys, I take it

A. That's right.

Q. Did you then go back to 418?

A. Yes.

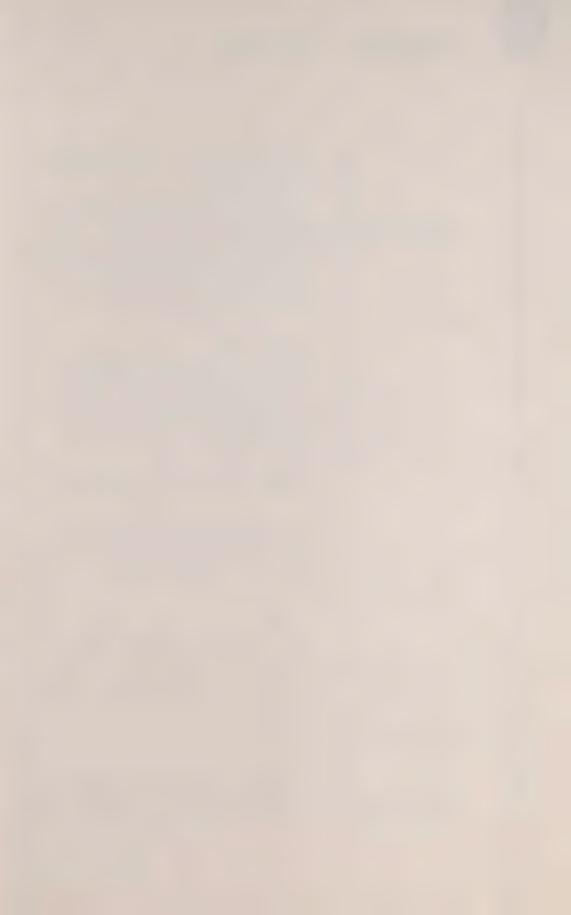


point?

| | _ |
|----|--|
| 1 | Name and Address of the Owner, where |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | 1 |
| 17 | The same of the sa |
| 18 | |
| 19 | |
| 20 | - |
| 21 | - |
| 22 | The state of the s |
| 23 | - |
| 24 | - |

| Q. And begin care of Justin Co | Q. | And | begin | care | of | Justin | Cook |
|--------------------------------|----|-----|-------|------|----|--------|------|
|--------------------------------|----|-----|-------|------|----|--------|------|

- A. That's right.
- Q. What was his condition when you arrived in 418 having now taken over from Mrs. Scott?
 - A. I think he was resting comfortably.
 - Q. Did you take vital signs at that
 - A. Yes, I did.
- Q. Had vital signs been taken at 7:00 by Mrs. Scott? The flow sheets are at page 65 of the chart. Page 65 shows vital signs, it shows sign off at 7:00 by Mrs. Scott.
- A. Right. I don't see any apex, no.
- Q. And then the first set of vital signs on the next page are at 8:00 I believe, are they not?
 - A. Right.
- Q. So, it doesn't appear that you took vital signs as soon as you arrived on the floor.
- A. Well, I would have been in report until about 7:30.
 - Q. Yes.
- A. And then I would have done the narcotic count. So, I mean, we would have been in that



| - 1 | 4 |
|-----|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | The state of the s |
| 9 | |
| 10 | |
| 11 | - |
| 12 | |
| 13 | |
| 14 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | The second second second |
| 23 | |
| 24 | |

- Q. So, it was getting to the time for the 8:00 vital sign by the time you really took over the child.
 - A. Right.
- Q. Right. Was there indeed Inderal taped to the end of the bed as Mrs. Mandal had said?
 - A. That's my recollection, yes.
- Q. What is your recollection of what you saw?
- A. I believe there were two syringes taped to the end of the bed.
 - Q. Were they filled with material?
 - A. Yes, they were.
 - Q. Was there anything taped with

them?

- A. There were labels on the syringes themselves and I believe the two empty vials were taped to the bed as well.
- Q. Now, you were on constant care and therefore you were stuck in that room unless there was someone to look after that baby for you.
 - A. Right.
- Q. Well, how long did you stay in the room? When did you first leave the room that



I take it.

| | 100 |
|---|-------|
| 1 | AT |
| | |
| | " R M |
| | |
| | |
| | |
| | |
| | - 1 |
| | _ |
| | |
| | 2 |
| | 40 |
| | |
| | 3 |
| | 3 |
| | |
| | A |
| | 4 |
| | |
| | - |
| | 5 |
| | |
| | _ |
| | 6 |
| | |
| | Ann |
| | 7 |
| | |
| | |
| | - 8 |
| | |
| | |
| | 9 |
| | |
| | |
| | 10 |
| | 20 |
| | |
| | 11 |
| | * * |
| | |
| | 12 |
| | 1 4 |
| | |
| | 13 |
| | 10 |
| | |
| | 1.4 |
| | 14 |
| | |
| | 15 |
| | 15 |
| | |
| | |
| | 10 |
| | |
| | 4 5- |
| | 17 |
| | |
| | |
| | 18 |
| | |
| | |
| | 19 |
| | |
| | |
| | 20 |
| | |
| | |
| | 21 |
| | AL X |
| | |
| | 22 |
| | |
| | |
| | 23 |
| | 20 |
| | |
| | 21 |
| | 24 |

25

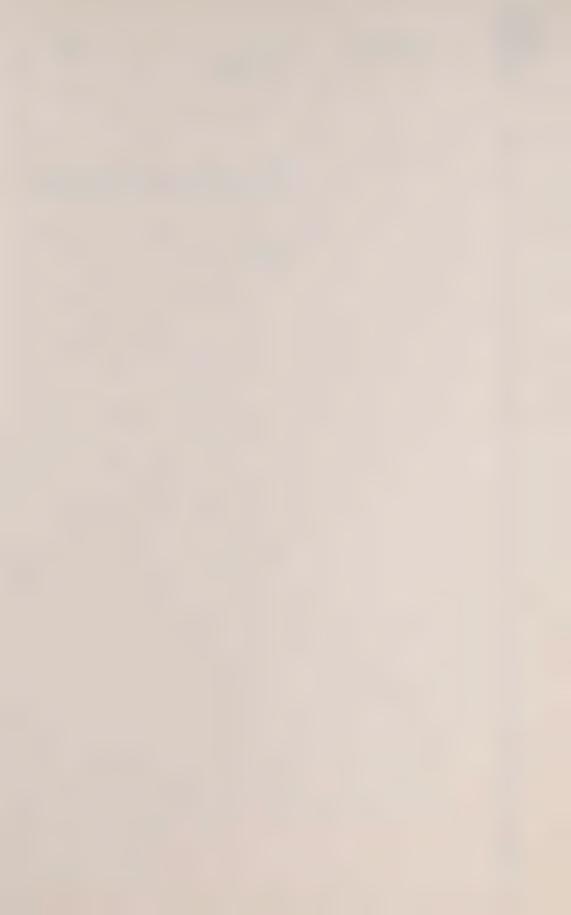
| - M I | |
|-------|---|
| 1 | |
| 2 | evening? |
| 3 | A. I believe it was somewhere around |
| 4 | 11:00. |
| 5 | Q. Well, prior to 11:00 there had |
| 6 | been some rather unusual happenings on the floor had |
| 7 | there not? |
| 8 | A. Yes. |
| | Q. The evening doses of digoxin had |
| 9 | been delayed, do you recall that? |
| 10 | A. Yes. |
| 11 | Q. It didn't affect you because your |
| 12 | child wasn't on digoxin. |
| 13 | A. Right. |
| | Q. And therefore you didn't have |
| 14 | a 9:00 dose to administer anyway. |
| 15 | A. That's right. |
| 16 | Q. And since you were on constant care |
| 17 | I take it you weren't responsible for administering |
| 18 | medications to any other children. |
| 19 | A. That's right. |
| 20 | Q. But you were aware that there |
| | was a delay in administering the 9:00 digoxin doses. |
| 21 | A. Yes. I wasn't told that first hand. |
| 22 | Q. Yes. But you heard that on the |
| 23 | floor? Someone must have mentioned it to you, I take it |
| 24 | |



4 5

A. Yes.

Q. You regard that as very unusual?



2pr84

| 3 | |
|--|--|
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |
| 11 | |
| 12 | |
| 13 | |
| 10 11 12 13 14 15 16 17 18 19 20 21 | |
| 15 | |
| 16 | |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |
| | |

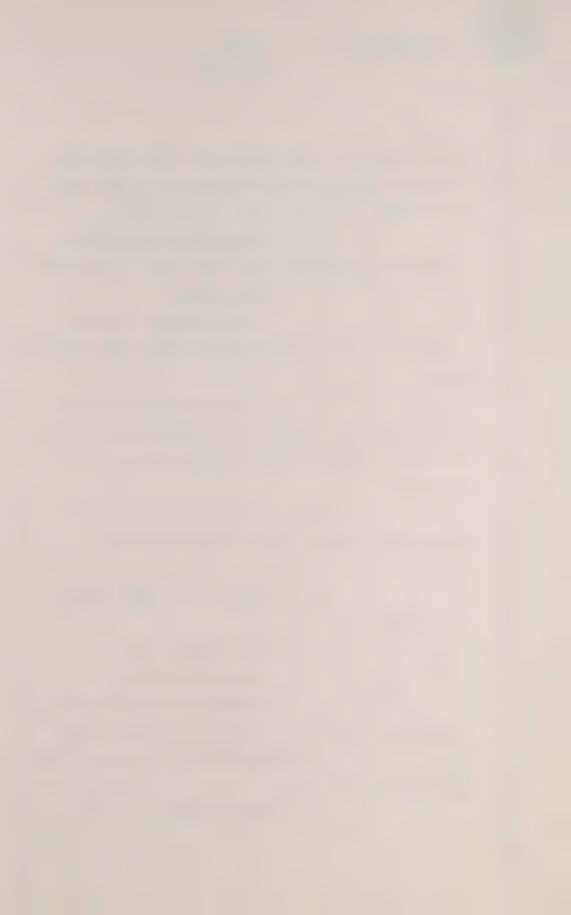
| | Α. | I think I was led to believe |
|--------------------|---------|------------------------------|
| that they had take | en the | digoxin elixir from the |
| floor and were che | cking | the concentration of it. |
| | Ω. | Do you remember who told you |
| that? | | |
| | Α. | I believe it must have been |
| Mrs. Trayner. | | |
| | Ω. | And then subsequently the |
| word came that you | were | permitted to give the |
| evening doses of d | digoxir | . Do you recall that |
| happening? | | |
| | Α. | I knew they were told to go |
| ahead, yes. | | |
| | Ω. | You say you first left Room |
| 418 at about eleve | en o'cl | .ock? |
| | Α. | Sometime in that area, yes. |
| | Ω. | How did it come about that |
| you left the room | at tha | it time? |
| | Α. | Mrs. Trayner relieved me for |
| a break. | | |
| | Q • · | When Mrs. Trayner relieved |
| you for a break, h | ad you | learned by that time that |
| there had been ins | tructi | ons to lock up the digoxin |
| on the ward? | | |
| | Α. | I don't remember if I heard |



1 2 DD2 3 4 0. 5 6 Α. 7 Ω. 8 9 keys? 10 A. 11 12 narcotic. 13 Ω . 14 15 break? 16 A. 17 for a minute. Ω . 18 Α. 19 20 21 22 are the narcotics keys? 23 THE WITNESS: Right. 24

25

that before but, at the time that I was leaving for my break and was giving Mrs. Trayner the keys, she said, "Would you please lock up the digoxin." You had had the medication cupboard keys throughout the first part of the shift? That's right. Is that unusual, to have a nurse on constant care nursing holding the medication It is not unusual in light of the fact that I had done the narcotics count and, obviously, no one had had the need to give a Why were you giving the keys to Mrs. Trayner when you went off on your Because I had left the floor Where did you go? I went downstairs. O. On leaving the floor, it is necessary, I take it, to leave the medication keys? THE COMMISSIONER: I am lost. These



•

DD3 2

3

5

6

7

8

10

11

then --

the keys.

promise you.

12

13

14

15

16

17

18

19

20

21

22

24

25

THE COMMISSIONER: I thought you said Phyllis Trayner asked you to lock up the digoxin?

THE WITNESS: She did.

THE COMMISSIONER: Why did you give her they keys then? I'm missing something here.

MR. LAMEK: I think what Miss
Nelles said, sir, was that she was giving Mrs.
Trayner the keys and Mrs. Trayner asked Miss Nelles
to lock up the digoxin.

 Ω . I gather you did that and

A. Then I came back and gave her

 Ω_{\bullet} So, we will come to that. THE COMMISSIONER: All right. You went and did lock up the digoxin.

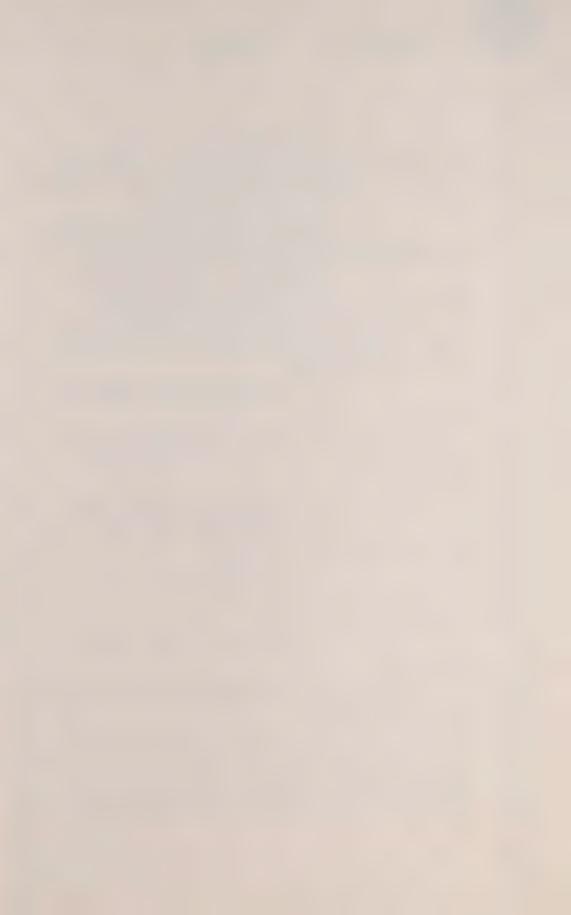
You do it whatever way you want, but at what point --

MR. LAMEK: We will get there, I

THE COMMISSIONER: At what point did you leave the floor?

THE WITNESS: I went to give Mrs.

Trayner the keys and she said, "Before you go, will you please lock up the digoxin", so I went to the



Nelles ex. (Lamek)

1

DD4

2 3

> 4 5

> > 6

7 8

9

10 11

12

13

14

15

16

17

18

19

20

21

23

24

22

narcotics cupboard and I locked up the digoxin and I went back to the room and gave Mrs. Trayner the keys and left.

MR. LAMEK: Q. And then went off

- Right. A.
- Shortly after eleven, you 0.

think?

the floor?

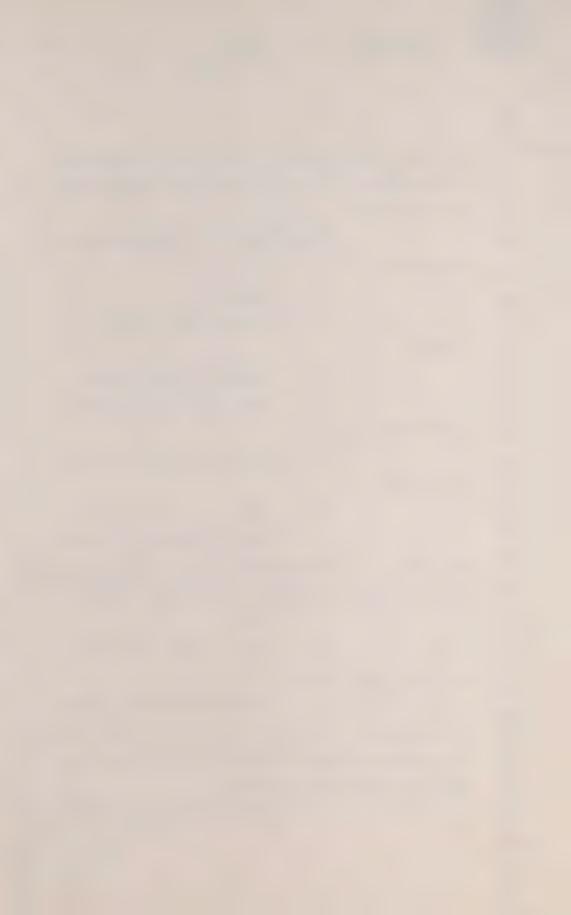
- Somewhere around there. Α.
- Now, let us go over that a Ω .

little more slowly.

for a break.

Mrs. Trayner came to relieve you

- A. Right.
- 0. And you intended to go off the floor. As I understand, you were going downstairs for something, a newspaper or something of that sort?
 - Right. Α.
- And you could not go off the Ω . floor and take the keys with you?
- A. Even when you go on break, even though you are usually around the nurses' station, it is probably better practice to give the keys to the person who is on the floor.
 - So, you were going to give the Q.



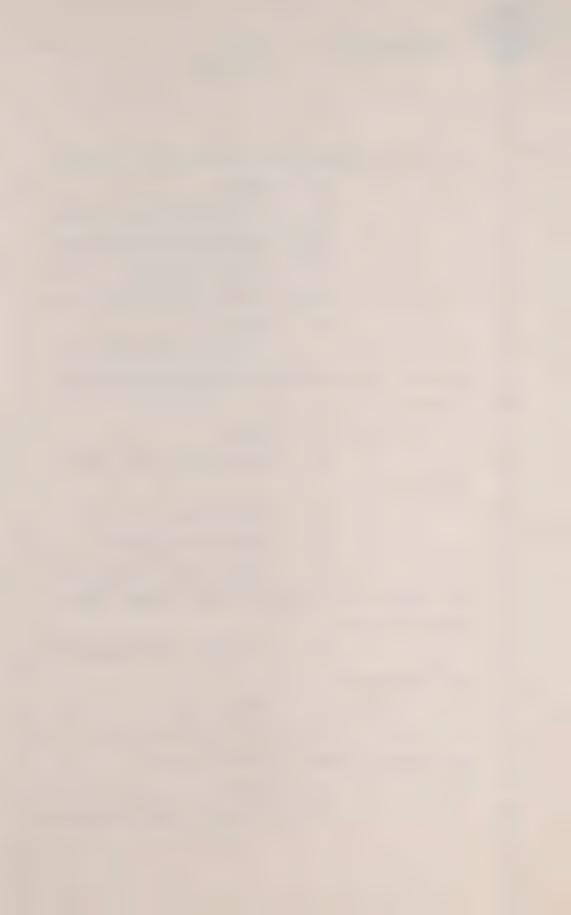
| | 1 |
|-----|----|
| DD5 | 2 |
| | 3 |
| | 4 |
| | 5 |
| | 6 |
| | 7 |
| | 8 |
| | 9 |
| | 10 |
| | 11 |
| | 12 |
| | 13 |
| | 14 |
| | 15 |
| | 16 |
| | 17 |
| | 18 |
| | 19 |
| | 20 |
| | 21 |
| | 22 |
| | 23 |
| | 24 |
| | 25 |

| keys to Mrs. Trayr | ner whe | en you went off on break |
|--------------------|---------|-------------------------------|
| | A. | Right. |
| | Ω. | at about eleven o'clock? |
| | Α. | Somewhere around there, yes. |
| | Ω. | And she said to you, we have |
| to lock up the dig | goxin. | Will you go and lock it up. |
| | A. | Right. |
| | Ω. | So, you kept the keys and |
| you went to the me | edicati | on room and locked up the |
| digoxin? | | |
| | Α. | Right. |
| | Ω. | Did you lock up all the |
| digoxin? | | |
| | Α. | No, I did not. |
| | Ω. | What did you lock up? |
| | A. | It is my recollection I was |
| only told to lock | up the | e parenteral direct digoxin |
| and the tablets. | | |
| | Ω. | All right, the IV preparation |
| and the tablets? | | |
| | Α. | Right. |
| | Ω. | You understood that you were |

not required to lock up the oral elixir?

A. Right.

 Ω . Do you think that is strange,



DD6 2

3

4 5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

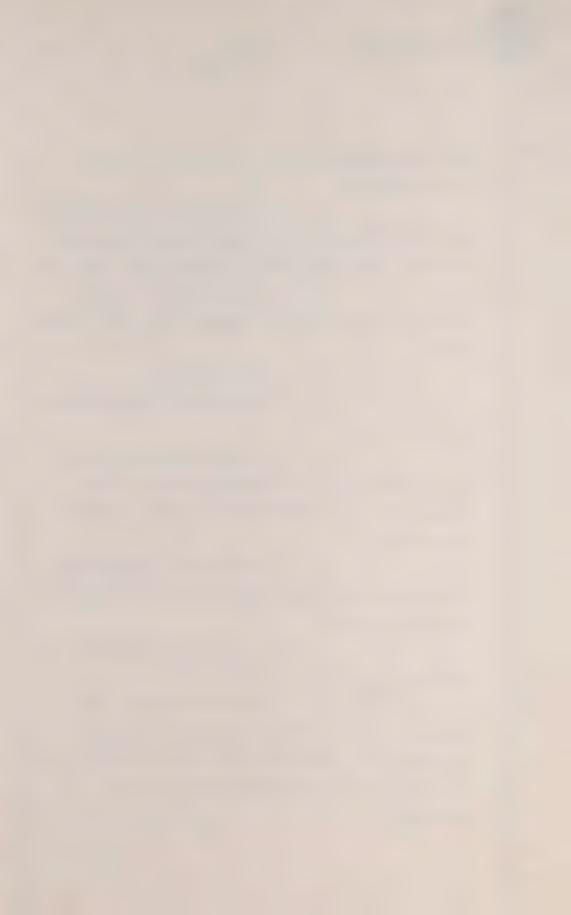
that one variety should not be locked up and the other should be?

- A. I guess that I felt that they had checked the bottle of elixir that we had on the floor and I did not think it strange at the time, no.
- Ω_{\bullet} Did you think it strange that the other varieties of digoxin were being locked up?
 - A. No, I did not.
 - Q. That had never happened before,

had it?

- A. No, but there seemed to be some concern as to the strengths, again, of the digoxin and I knew that they had counted the numbers that we had.
- Q_{\bullet} Was that your understanding at least for the reason of locking up the parenteral and tablet digoxin?
- A. So that they could keep a better eye on how much was being used.
- Q. You did not at that stage even think of the possibility that, in some way, this might have something to do with the information you had received on Wednesday night from Mrs.

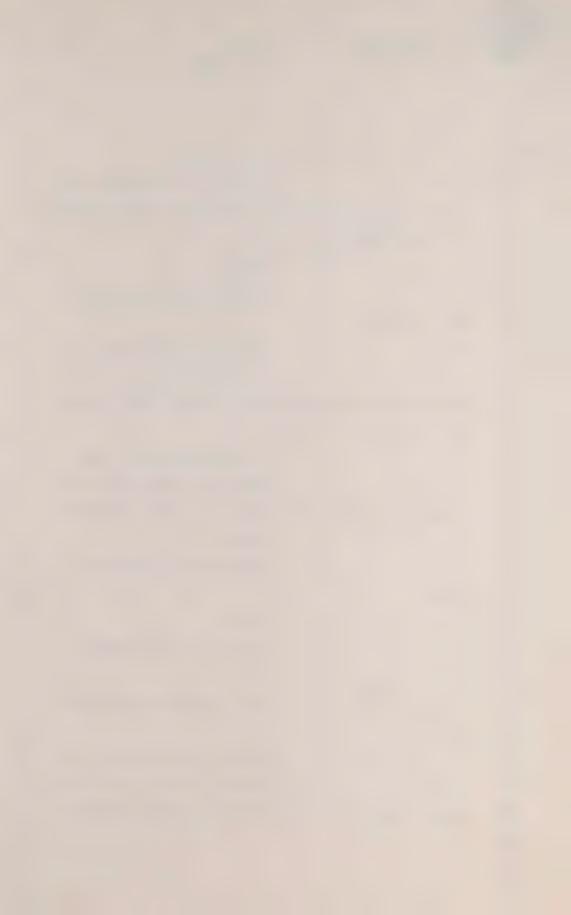
 Radojewski?



Nelles ex. (Lamek)

| 1 | | | |
|-------|--------------------|---------|-------------------------------|
| DD7 2 | | Α. | No, I did not. |
| 3 | | Ω. | Although it did appear that |
| 4 | digoxin had been i | nvolve | ed in some way with the death |
| 5 | of Kevin Pacsai? | | |
| 6 | | Α. | Right. |
| 7 | | Q • | But that connection did not |
| 8 | occur to you? | | |
| | | A. | I did not connect them, no. |
| 9 | | Ω. | So, you locked up the IV |
| 10 | preparation and th | e tab | lets, and was there elixir |
| 11 | left out on the co | unter | ? |
| 12 | | Α. | I would imagine so, yes. |
| 13 | | Ω. | What did you do then? You |
| 14 | returned to 418 an | ıd gave | e the keys to Mrs. Trayner? |
| 15 | | Α. | Right. |
| | | Ω. | And you went off on your |
| 16 | break? | | |
| 17 | | Α. | Right. |
| 18 | | Q. | You went off the floor? |
| 19 | | | Yes. |
| 20 | | Ω. | How long were you off the |
| 21 | floor? | | |
| 22 | | Α. | Only for five minutes or so. |
| 23 | | Ω. | You were back on the fourth |
| | floor. Where did | you go | o for the balance of your |
| 24 | | | |

25



DD8

3

4 5

6

7

9

10

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

| b | r | e | a | k | ? | |
|---|---|---|---|---|---|--|
|---|---|---|---|---|---|--|

A. To the back of the nurses'

station.

Q. Dò you recall how long you

were there?

- A. I really don't remember.
- Q. You told me yesterday that sometimes it happens on constant care that the breaks you take tend to be a little longer than when you are not on constant care.
 - A. Right.
- Ω_{\bullet} . Do you recall if that was the situation on the night of March 21st/March 22nd?
- A. I recall that I was not relieved for a break until after eleven o'clock.

 Usually, your first break occurred before that time, so perhaps it was longer than it might have been.
- $\label{eq:optimizero} \Omega \text{.} \qquad \text{Perhaps 30 or 40 minutes,}$ something of that order?
 - A. Right.
- Q. Do you recall whether there was anyone else out at the nursing station when you were on that break?
- A. I remember other people being there but I don't remember who it was or what times



DD9 2

they were there or anything.

Q. You cannot put names and faces to the people who were there.

At the end of your break, what did you do?

A. I went back to 418.

 Ω . Did Mrs. Trayner stay with you for a while or did she then leave?

A. I think she left.

 Ω_{\bullet} Did she at that time give the keys back to you?

A. No, she did not.

 Ω_{ullet} Did you ever again in the course of that shift have control of the keys to the medication cupboard?

A. No, I did not.

O. You probably are aware of this, Miss Nelles, in any event, I tell you - and, Mr. Commissioner, the reference is in, first, Volume 103 of our transcript, pages 3397 to 3398 and 3400 and, again, in Volume 105, pages 3946 to 3947 - Lynn Johnstone has given evidence here that, in the course of her rounds at 12:30, she saw the oral elixir digoxin out on the counter and asked why it had not been locked up. Mrs. Trayner said you had the keys



.

DD10²

and that Mrs. Trayner obtained the keys from you at that time; that is to say, approximately 12:30 to one o'clock.

I take it, from what you have told me today, your recollection is rather different as to the time the keys were given to Mrs. Trayner?

A. That's right.

THE COMMISSIONER: Maybe I'm wrong, but did not Johnstone say that she saw her deliver the keys?

MR. LAMEK: That is what I had understood, sir. Let us have a look at the particular language. First, in Volume 103, page 3397, is the explanation given by Mrs. Trayner to Miss Johnstone according to Miss Johnstone. She said, "I noticed" - this was at the time of her 12:30 and one o'clock rounds:

"I noticed that the digoxin elixir was sitting on the counter in the medication room."

" Ω . And not locked - not in the cupboard?"

"A. And not locked in the cupboard, no, and I asked Mrs. Trayner about it and asked her why it wasn't



DD11 2

locked up and had she not been told, and she said, yes, they had been told but she didn't have the keys. Susan Nelles had them and that is why she hadn't locked it up."

"Q. Did you ask her why she could not have obtained the keys from Susan Nelles?"

"A. Yes, I did, but I didn't get a reasonable answer."

Said Mrs. Johnstone.

Then, at page 3400 of that same

volume:

"Let us go on just for a moment with the question of the digoxin which had not been locked up. Did you regard the explanation given to you by Nurse Trayner as a satisfactory explanation for the dig. not being locked up at 12:30 in the morning?"

"A. No, I didn't. I said there was no reason why she couldn't get the keys; we will get them as we go around seeing the rest of the children."



Nelles ex. (Lamek)

DD12

"Q. And did you do so?"

"A. Yes."

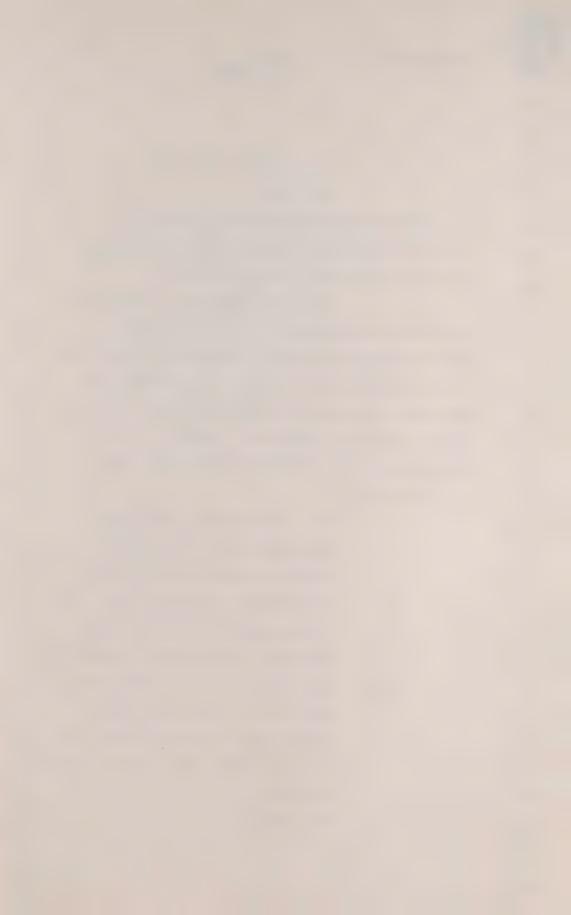
Which appears to suggest that Miss Johnstone's evidence was that she saw Mrs. Trayner get the keys or they were picked up in her presence.

Again, at Volume 105, in redirect examination, you may remember, sir, that Mrs.

Trayner's evidence from the preliminary had been put to Miss Johnstone by, I think, Miss Cecchetto, and there was a distinction between those two pieces of evidence. Fairly, I think Mrs. Trayner's was more consistent with Miss Nelles' evidence than with Miss Johnstone's.

"Q. And she read to you the passages from Nurse Trayner's evidence, and that takes us to page 3706 of our transcript. And it was pointed out to you that, of course, there was an inconsistency and a contradiction between what Nurse Trayner had said at the preliminary inquiry and what you had said here in the course of your evidence."

"A. Yes."



DD13 2

4 5

3

67

8

9

11

12 13

14

15

16

17

18

1920

21

22

23

24

25

"Q. And one aspect of that contradiction was that you had given it as your evidence here that not only did Nurse Trayner say to you, when you enquired about the digoxin not being locked up, Nurse Nelles has the keys, but you also said that, in your presence, she had then obtained the keys from Nurse Nelles in Room 418."

"A. That is right."

"Q. Whereas it would appear from Nurse Trayner's evidence at the preliminary inquiry she had received the keys from Nurse Nelles some time prior to midnight."

"A. Yes."

So, we have fairly, I think, Mrs.

Trayner and Miss Nelles saying that the keys were handed over before midnight, which is essentially what I understand Miss Nelles to be saying today, and Miss Johnstone's evidence is that she saw them handed over about 12:30.

Ω. I guess you can't help us to rectify that difference, can you, Miss Nelles?



Nelles ex. (Lamek)

| | 1 |
|------|--|
| DD14 | 2 |
| | |
| | 4 |
| | 3 4 5 6 7 8 9 |
| | 6 |
| | 7 |
| | 8 |
| | 9 |
| | 10 |
| | 10 11 |
| | 12 13 |
| | 13 |
| | 14 |
| | 15 |
| | 16 |
| | 1415161718 |
| | 18 |
| | 19 |
| | 20 |
| | 21 |
| | 22 |
| | 23 |
| | 24 |

25

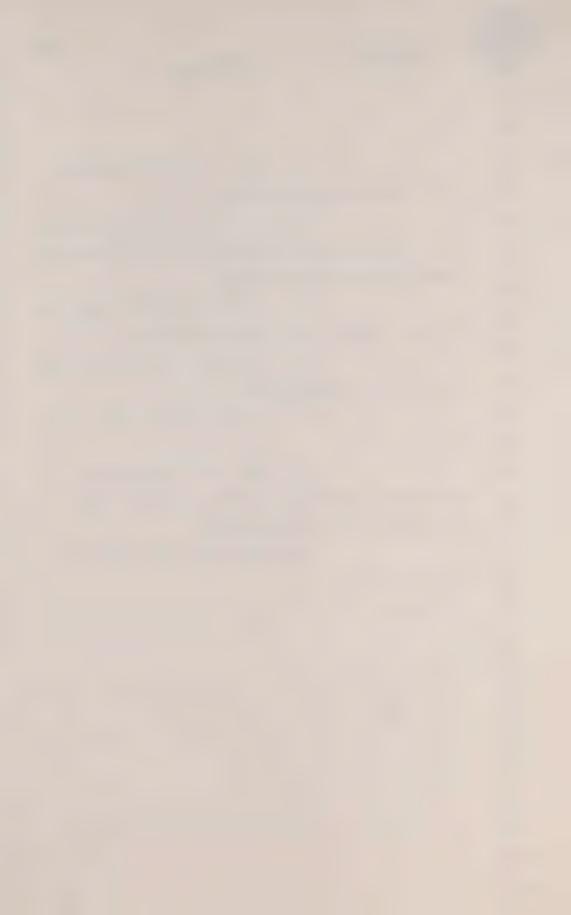
no.

| | | | | | Α. | No. | I | gave | you | my | answer |
|----|-----|------|----|----|---------------|-----|---|------|-----|----|--------|
| to | the | best | of | my | recollection. | | | , | | | |

- Q. Your recollection is clear so far as you are concerned as to the time when you gave the keys to Mrs. Trayner?
- A. I know I definitely gave her the keys because I was leaving the floor.
- Q. And you did not receive them back from her subsequently?
 - A. I don't recall that I did,

MR. LAMEK: Mr. Commissioner, it is fourteen minutes past three. Would it be an appropriate time to take a break?

THE COMMISSIONER: Yes. We will take 20 minutes.
--- recess.



FE W DS 2

:

;

7

٠,

17

313.

81

12

0 1

Andrew .

15

16

17

18

19

20

21

22

23

24

25

---Upon resuming.

THE COMMISSIONER: Yes, Mr. Lamek.

MR. LAMEK: Thank you, sir.

- Q. Miss Nelles, I think we got you back from your first break on the Saturday night.
 - A. Right.
- Q. From the time you returned from your break, and I think you said at that point Mrs.

 Trayner left the room, did you then remain with Justin Cook in Room 418 for a period of time?
 - A. Yes, I did.
 - Q. For how long?
 - A. Until Sui relieved me for

my next break.

- Q. What time was that?
- A. I believe it was around 2:30, some time around 2:15 to 2:30.
- Q. And the period between your return from your first break and your being relieved for your second break, do you recall anybody coming into Room 418? We know that Janet Brownless and Mrs. Christie had patients in that room, were they in the room at all in that time?
- A. I can't remember exactly, but I think they were, yes.



| | Q. | Do you recall anyone other than |
|----------------|--------|------------------------------------|
| Miss Brownless | and M | frs. Christie being in Room 418 in |
| that period be | etween | your two breaks? |
| | Α. | I remember Bertha Bell coming in |
| for a certain | length | n of time. |
| | Q | Have you any idea approximately |
| when she came | in? | |
| | Α. | I can't remember. |

- Q. Did she appear to come for a particular purpose, or was she merely visiting, or what?
- A. I think she came to see me, and she came to see the condition of Justin Cook.
- 0. How long did she stay, to the best of your recollection?
- I think she came on more than one occasion.
 - 0. Yes.
- And I think at one point she may have stayed a little longer, maybe 15 to 20 minutes.
- Q. Other than the two RNA's who had patients in the room, and Mrs. Bell as you have told us, do you recall anyone else coming into Room 418 in the period between your two breaks?
 - I believe Dr. Jedeikin came into

27

11

13

1.1

15

10

17

18

19

20

21

22

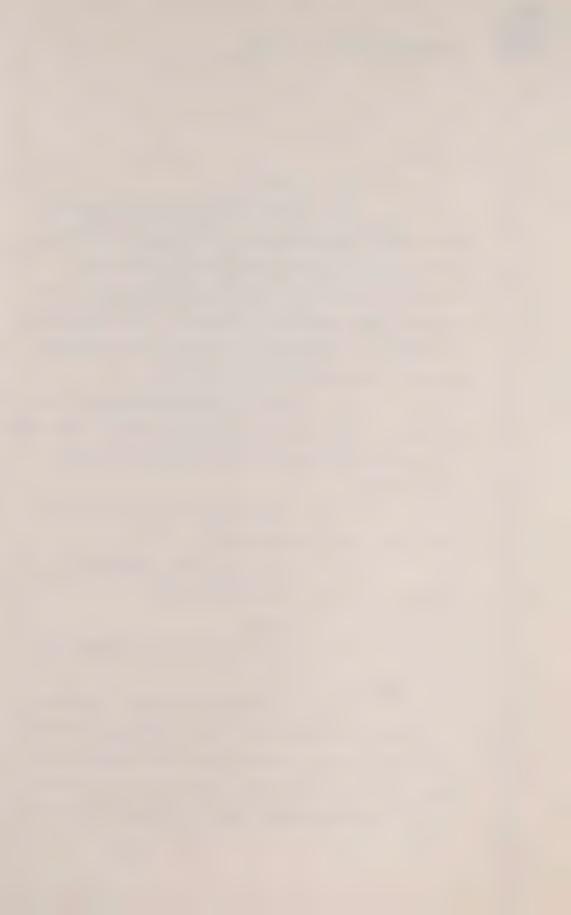


the room.

that?

Q. Yes.

- 2. 103.
- A. He had been in at the beginning of the shift, and I believe it was him that told me that I was to disturb Justin Cook as little as possible. Then he returned again, he was out of the hospital for a period of time and he came back after, he returned to the hospital to make sure everything was all right before he went to bed.
- Q. And is it your recollection that he came into the room in that period between your return from your first break and your departure for your second break?
- A. I believe so, yes, it may have been earlier but I am not sure.
- Q. You say he had told you to disturb Justin as little as possible.
 - A. Right.
 - Q. Did he give you any reason for
- A. It seemed that when and this is certainly typical of any child with heart disease, that they tend to, when they get upset and what not they get blue. So he felt that Justin's blue spell at 6:00 had perhaps been when he had been upset, and



3

5

1

6,

7

8!

9

11

13

1.1

ij

15

17

19

20

21

23

24

| so | if | he | was | dist | turbe | d as | lit | tle | as | possible | ther |
|-----|------|------|------|------|-------|-------|-----|------|----|----------|------|
| tha | at ' | woul | d av | void | him | getti | ing | into | đi | fficulty | |

- Q. We know that Justin Cook was going to surgery the following morning.
 - A. Right.
- Q. Does that have any bearing upon the treatment, or care, that you provide to a child the night before he goes to surgery?
 - A. Yes, it does.
 - Q. What effect does that have?
 - A. Primarily in terms of feeding.
 - Q. In terms of?
 - A. Feeding.
 - Q. How does it effect feeding?
- A. The child was ordered nothing to drink after 4:00, and the last I believe in Justin Cook's case he was not on formula that afternoon or evening anyway, but normally his last feed would be just glucose and water.
- Q. Is that a standing order for patients who are going to surgery the following morning, no food or drink after 4:00 in the morning?
- A. Yes. Except that with the infants it is more dependent on the time of the surgery, but in this case where it is an emergency



| 2000 | |
|--|-------|
| No. of the last of | Art . |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | 1 |
| | 1 |
| | |
| | |
| | |
| | |
| | 1 |

| 2 | surgery and they would be doing it first thing in |
|----|---|
| 3 | the morning, yes, I think he was actually ordered |
| 4 | NPO after four. |
| 5 | Q. Were the parents in the room at |
| 6 | all at any time prior to your going for your second |
| 7 | break? |
| | A. I think they were in before the |
| 8 | first break. |
| 9 | Q. Yes. At approximately what |
| 10 | time? |
| 11 | A. I believe around 9:30 - 10:00, |
| 12 | I can't be sure. |
| 13 | Q. And both parents? |
| 14 | A. The mother poked her head in the |
| 15 | door one time around 8 or 8:30, and then she was |
| 16 | gone again, and both parents came back around 9:30 or 10. |
| 17 | |
| 18 | A. I would say again about 15 or |
| | |

20 minutes, maybe. 19 Q. Did either parent hold the child 20 at all, or was the child left in his crib? 21 A. I asked them if they would like 22 to hold him and they said, no. 23 Q. Now when you got back from that 24 25





| | _ |
|-------|--|
| | |
| | |
| 1 | |
| | |
| 2 | |
| 2 | |
| | |
| 3 | |
| | |
| | 1 |
| 4 | ı |
| | |
| 5 | |
| 2 | |
| | i |
| 6 | |
| | |
| | |
| 7 | |
| | |
| 8 | I |
| 0 | |
| | |
| 9 | |
| | ı |
| | ĺ |
| 10 | - |
| | |
| 11 | İ |
| 11 | |
| | i |
| 12 | |
| | |
| 40 | ĺ |
| 13 | ı |
| | ļ |
| 14 | |
| 25 10 | |
| | |
| 15 | ı |
| | |
| 16 | 1 |
| 10 | 1 |
| | - |
| 17 | - |
| | |
| 4.0 | i |
| 18 | |
| | |
| 10 | - |
| 27 | |
| | |
| 20 | |
| | |
| 0.1 | |
| 21 | |
| | |
| 22 | |
| 20 | |
| | |
| 23 | |
| | |
| 24 | |
| 24 | |
| | |
| 25 | The state of the s |
| | |

first break, how was the baby?

- A. I believe he was sleeping.
- Q. Did he appear to be calm and settled and so on?
 - A. That is my recollection, yes.
- Q. And in the period between your return from your first break and your departure for your second break, how was he?
 - A. He seemed to be stable.
- Q. Did he sleep throughout that period, or was he awake, or what happened?
- A. I seem to recall that he slept for most of that period.
- Q. And then at 2:30, you believe 2:15, 2:30 I think you said Mrs. Trayner came back to relieve you for your second break?
 - A. That's right.
- Q. How are you able to fix that time?
- A. Because when Phyllis came back into the room to relieve me Justin woke up, and it was decided that because he was awake at that stage we would give him his last feeding rather than wake him again at 4:00.
 - Q. The baby was on propranolol you



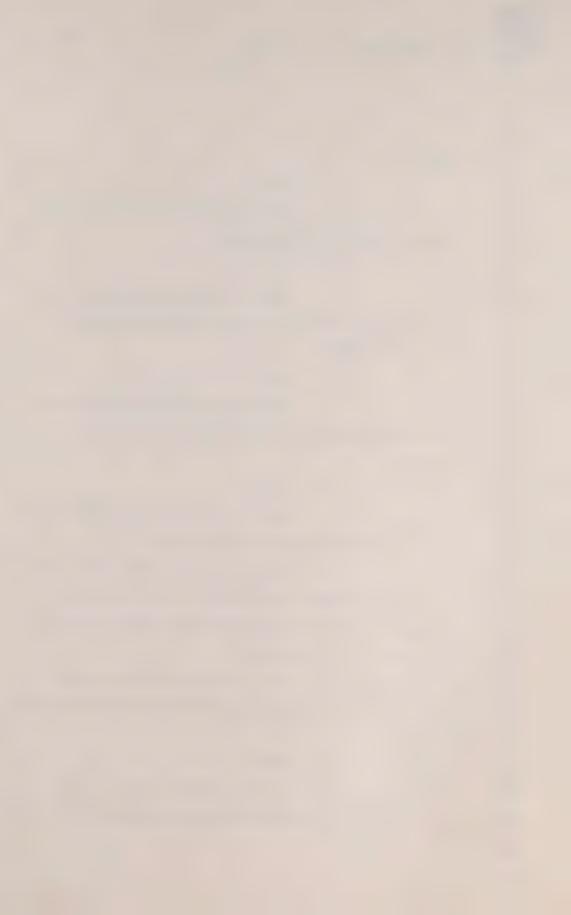
Nelles ex. (Lamek)

| P | |
|-----|-----|
| E- | V |
| 100 | 6 |
| Ť | 6 . |
| | |
| | - |
| | |
| | 1 |
| | |
| | _ |
| | 2 |
| | |
| | 3 |
| | 0 |
| | |
| | 4 |
| | |
| | Je. |
| | 5 |
| | |
| | 6 |
| | |
| | I-n |
| | 7 |
| | |
| | 8 |
| | 0 |
| | |
| | 9 |
| | |
| " | 0 |
| £ | U |
| | |
| 1 | 1 |
| 1. | |
| | |
| 1 | 2 |
| | |
| 7 | 3 |
| 2. | , |
| | |
| 1 | 4 |
| | |
| 0 | 5 |
| i | J |
| | |
| 1 | 6 |
| | |
| | - |
| 1 | 7 |
| | |
| 1 | 8 |
| 1 | 0 |
| | |
| 1 | 9 |
| | |
| 0 | ^ |
| 2 | 0 |
| | |
| 2 | 1 |
| de | 4 |
| | |
| 2 | 2 |
| | |
| 2 | 3 |
| 2 | 3 |
| | |
| 2 | 4 |

25

said?

- A. Yes.
- Q. Would you turn to the med. sheet with me, page 17 of the chart.
 - A. 17?
- Q. Page 17, there is also an 8 on the page but 17 is in the top right hand corner; do you have that?
 - A. Yes.
- Q. You appear to have signed for a dose of propranolol on the night of the 21st at midnight.
 - A. Right.
- Q. Can you tell me the circumstances of that administration of propranolol?
- A. It is my recollection that after I came back from my first break, I asked Phyllis to stay in the room a moment longer while I went out and prepared the propranolol.
- Q. Now, the prior order for the child had been 3 milligrams administered orally every 8 hours?
 - A. Right.
- Q. On the afternoon of the 21st, as I recall it, the order had been changed had it not?



4

5

6

8

9

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. That's right.Q. To 4 milligrams every six hours.

A. Right.

Q. Where did you find the propranolol to administer to the baby?

A. This was what had been mentioned to me in report.

Q. Yes.

A. And I found a syringe with 3 milligrams of propranolol in the fridge labeled by Sui Scott.

Q. Were you content to use that notwithstanding it had been drawn by another nurse?

A. I didn't like doing it, no, but
I asked Mrs. Trayner if she thought it was all right
and she said, yes.

Q. That accounted for the 3 milligrams; what did you do about the 4th milligram?

A. I had been told by a physician in the past that in an emergency, if you were not able to have any oral propranolol available that it was acceptable to use the parenteral propanolol in the same manner.

Q. I take it there was no further oral preparation of propranolol in the medication



| 1 | |
|---|--|
| - | |
| | |

room?

3

5

6

,

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

| | | | | Α. | | Th | at' | s r | igl | nt. | N | irs | . 9 | cot | t | had | ha |
|-----|-----|-----|------|------|-----|----|-----|-----|-----|-----|-----|-----|-----|------|---|------|----|
| to | go | to | anot | ther | war | d | in | the | h | osp | ita | 11 | to | fin | d | it, | |
| and | i i | did | dn't | rea: | lly | ha | ve | tim | e t | to | be | go | ing | , al | 1 | ovei | 2 |

the hospital looking for propranolol.

- Q. So did you therefore, for the fourth milligram, the additional one that you needed, use the parenteral preparation?
 - A. That's right.
- Q. Did you check with anyone first as to whether you should do that?
 - A. Yes, I did.
 - Q. With whom?
 - A. I asked Phyllis.
 - Q. I'm sorry, you asked?
 - A. I asked Mrs. Trayner about it.
- Q. And did she say it was all right for you to do that?
 - A. Yes, she did.
- Q. So you therefore had 4 milligrams of propranolol, 3 being the oral preparation which Mrs. Scott had labeled and left in the refrigerator during the day?
 - A. Right.
 - Q. Plus one milligram of the parenteral





ANGUS, STONEHOUSE & CO. LTD

Nelles ex. (Lamek)

LO

2

1

3

4 5

6

8

9

10

11

13

14

15

16

17

18

19

21

22

23

24

25

preparation?

midnight?

- A. Right.
- Q. That is what you administered at
- A. That's right.
- Q. Now if we turn to your nursing note at page 296 under the date March 22nd of 1981, and you had, the earlier part of the page recorded the happenings of the early part of the shift.
 - A. Right.
 - Q. The first sentence is:

"Babe settled well after 2:30 feeding."

Is that the feeding that a moment ago you told me
you and Mrs. Trayner decided should be given at that
time rather than wait until 4:00?

- A. That is correct.
- Q. Why would you not wait until

4:00?

- A. Because as I say he was awake, and rather, as per what Dr. Jedeikin had said, we felt that rather than wake him again at 4:00 he was already awake at this time so we would give him his last feeding.
- Q. Who in fact gave him that feeding?



6

10

9

12

11

13

14

16

17

18

19

20

22

24

23

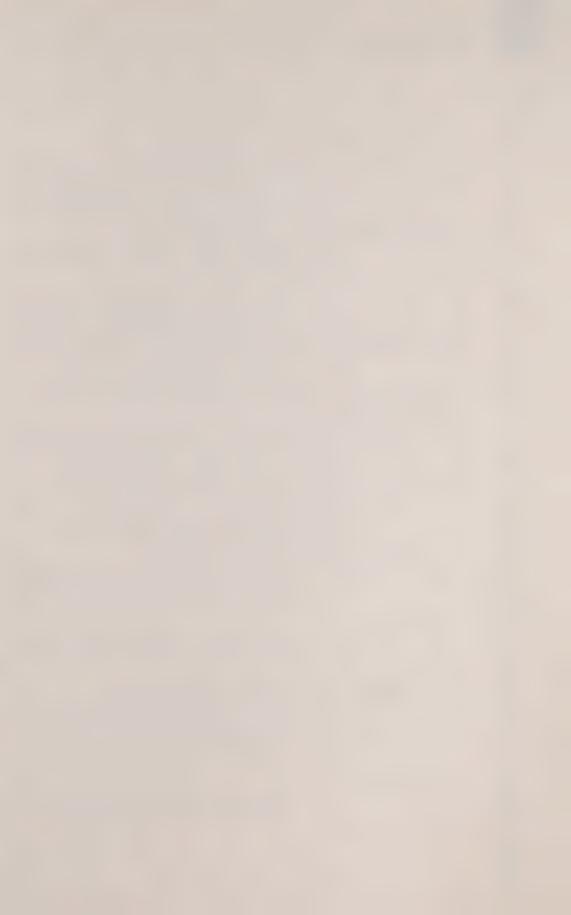
25

| Α. | Mrs. | Trayner | did | • |
|----|------|---------|-----|---|
|----|------|---------|-----|---|

- Q. Did she do it in your presence?
- A. I got the feeding ready for her but she did not do it in my presence, no.
 - Q. Did you leave for your break?
 - A. Yes, I did.
- Q. As you left for your break was she about to begin feeding him or had she begun or what?
- A. I don't remember. As I say, I had prepared I think I had warmed the bottle and everything for her.
- Q. Is that a matter which also helped you to fix the time of your break at about 2:30?
 - A. Yes.
- Q. And so you went off for your break, where did you go for your break?
- A. Again to the back of the nursing station.
 - Q. You didn't go off the floor that
 - A. I don't think so, no.
 - Q. How long were you out there?
 - A. My recollection is it was about
- 45 minutes.

time?

Q. And you therefore left about 2:30



6

8

10

12

14

15

16

17

18

19

20

22

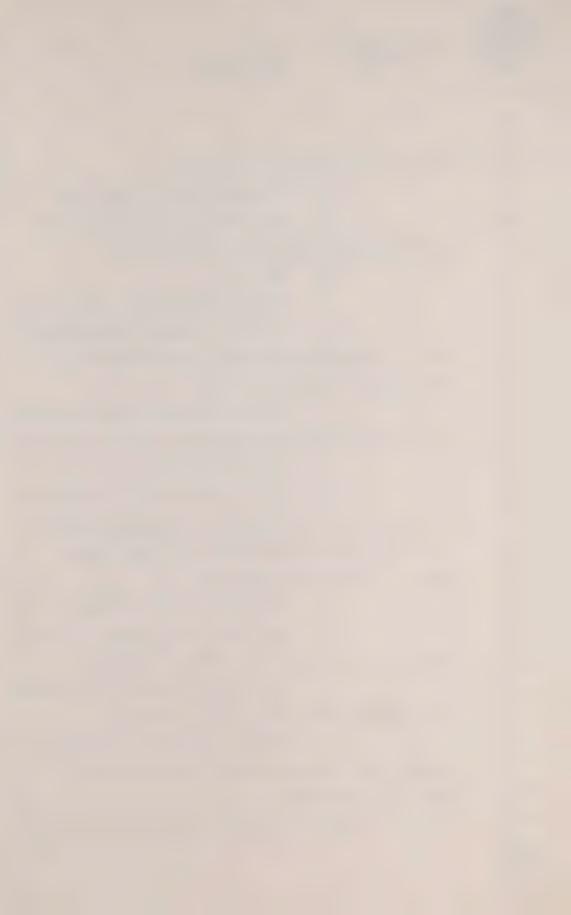
23

24

24

and you were out until about 3:15.

- A. Somewhere around there, yes.
- Q. Was anyone else out back of the nursing station while you were out there?
 - A. Yes.
 - Q. Do you recall seeing anyone else?
- A. I think I remember seeing Bertha
 Bell. I remember seeing Lynn Johnstone and Janet
 Brownless was there for a time.
- Q. Do you recall seeing Mrs. Christie anywhere outside Room 418 while you were on your break?
 - A. I can't remember.
- Q. As far as Mrs. Bell is concerned, do you have any recollection as to when you saw her, at the beginning of your break, the end of your break, or some time in between?
 - A. I'm sorry, I don't remember.
- Q. How about Mrs. Johnstone, do you have any recollection as to when you saw her?
- A. It seems to me it was more towards the end of my break, but I can't remember.
- Q. For what period of time do you remember Mrs. Johnstone being present while you were out on the break?
 - A. As I say, the way I seem to



ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

1

2

5

4

6

7

9

10

11

1.3

.

14

15

16

17

18

19 20

21

22

23

24

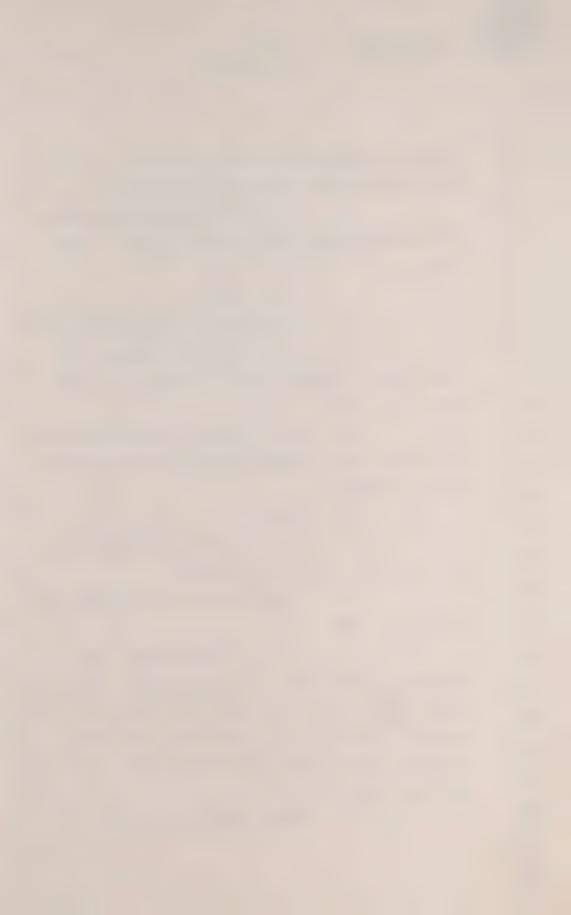
25

there,
but I

Mrs. T
took o

remember is that it was in the latter part of my break, again maybe the last 10 or 15 minutes.

- Q. At the end of your break, which was probably around 3:15, did you go back to Room 418?
 - A. Yes, I did.
 - Q. Who was there when you got there?
- A. I know that Mrs. Trayner was there, and I think that Janet Brownless was there, but I am not sure.
- Q. And you now, if you will, relieve Mrs. Trayner, she had been relieving you and you now took over again.
 - A. Right.
- Q. Did she leave immediately or did she stay for a while, what happened?
- $\mbox{A.} \qquad \mbox{I don't recall.} \mbox{ My recollection}$ is that she left.
- Q. Can you turn with me to the flow sheet in the chart, it is at page 66. At page 66 there are recorded the vital signs from 8:00 in the evening through to 3:45 in the morning, and then 4:56 the time the child is pronounced dead. I do not see vital signs at 3 a.m.
 - A. That's right.



were not?

Q.

Α.

0.

A.

child at that time, so I don't know.

there is 3:00 and then 3:45, is there some reason

nurse to take vital signs if she were there and you

for no vital signs being recorded for 0300?

Is there some reason for that,

I do not believe I was with the

Yes, in most circumstances, but

Would you expect your relief

1

2

3

5

6

8

9

11

12 13

14

15

16

17

18

19

20

21

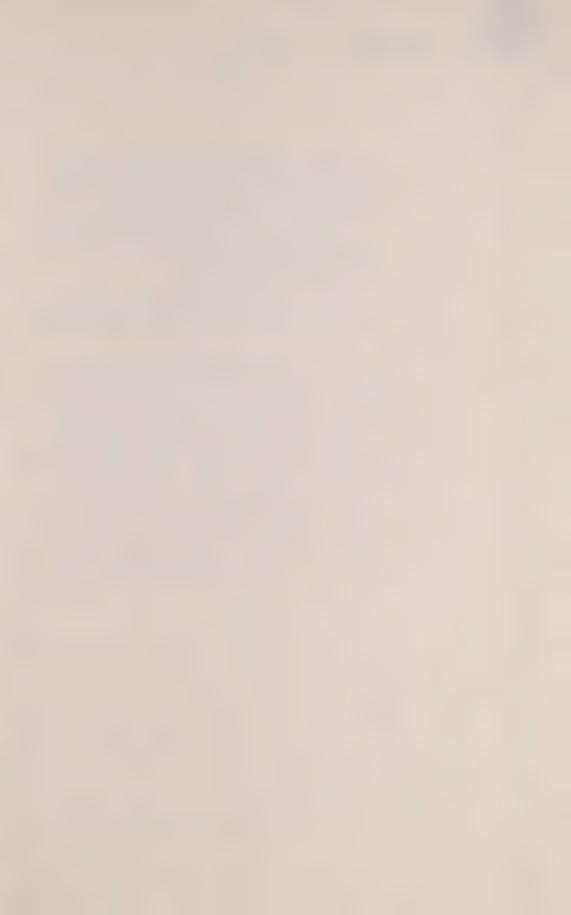
23

24

25

she may have been aware again of what was suggested in terms of Justin Cook that he not be disturbed.

For my - in performing my duties I felt that I wanted to know how he was doing, and that it really did not disturb him to put the stethoscope on his chest for a short while and listen, but that was strictly for my own sake, that was my way of being able to assess him.





2

3

4

5

6

7

8

9

10

11

12

13

14

15

| L | 17 | | | |
|-------|----|---|---|---|
| (3 | B | / | C | r |
| | | | | |
| | | | | |
| | | | | |

| | Q. | | All | right | ٠. | Someone | else | may | |
|------|------|---|-----------|-------|-------|---------|-------|-----|--|
| have | made | a | different | judo | gment | of | that? | | |

A. That's right.

Q. And decided to take no chance at disturbing him, as you are suggesting?

A. Right.

Q. All right. So, you are now back with Justin Cook and Mrs. Trayner leaves, is that right?

A. Right.

Q. And how is the baby at that

stage?

do?

baby next to Justin Cook.

A. He's sleeping.

Q. All right. And appears to be perfectly comfortable?

A. Seems fine, yes.

Q. All right. And what did you

A. I asked Janet Brownless if I could help her in any way because she had three or four other babies in the room and Justin was asleep. So, I asked her if I could help her and she said yes that I could either feed or comfort the

Q. And did you do that?

1617

18 19

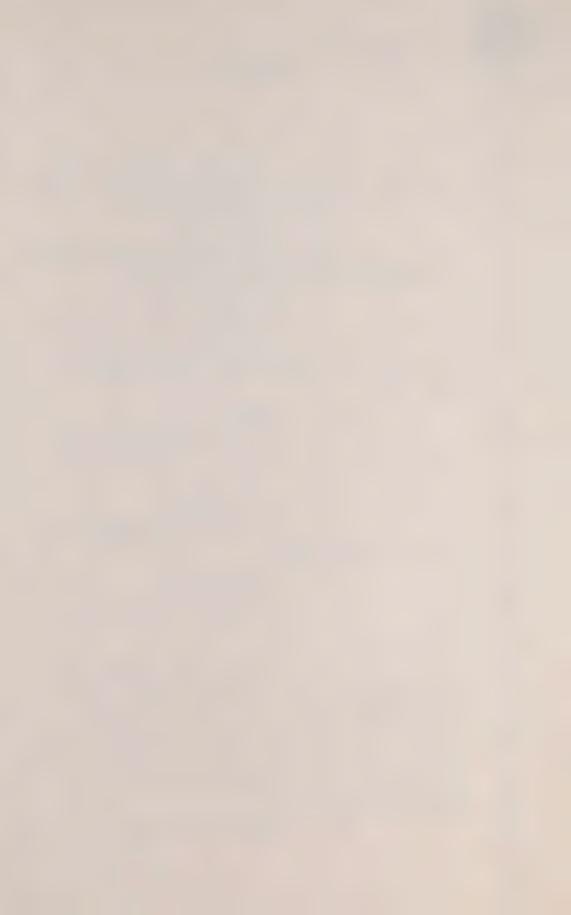
20

21

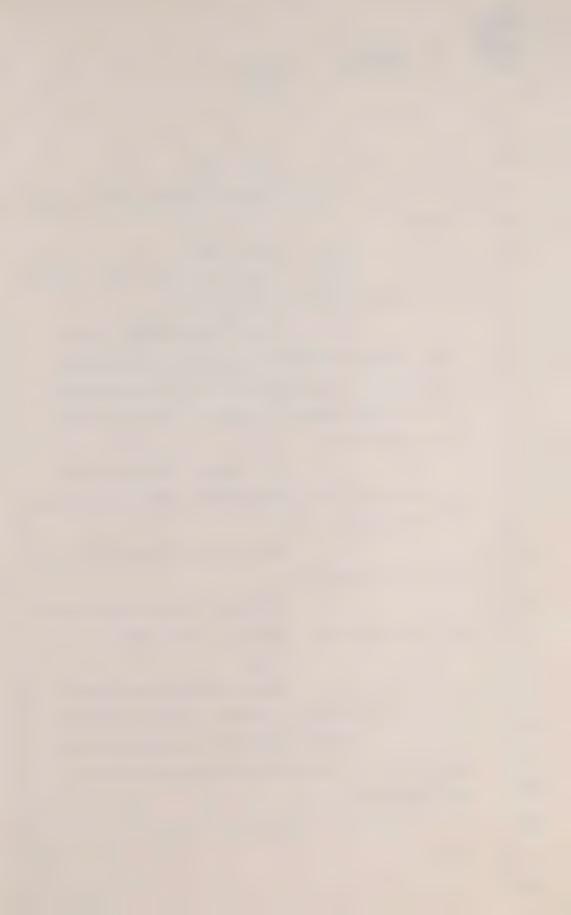
22

23

24



| " EMBE | (Lamek) | | | | | | |
|--------|---|--|--|--|--|--|--|
| 1 | | | | | | | |
| 2 | A. Yes, I did. | | | | | | |
| 3 | Q. Did you take the baby in your | | | | | | |
| 4 | arms? | | | | | | |
| 5 | A. Yes, I did. | | | | | | |
| 6 | Q. Were you sitting, what, between | | | | | | |
| | the beds or something of that sort? | | | | | | |
| 7 | A. I was sitting right next to | | | | | | |
| 8 | Justin Cook's bed facing him and Janet Brownless | | | | | | |
| 9 | handed me - did everything for me in terms of, she | | | | | | |
| 10 | handed me the baby and I believe I fed him or her | | | | | | |
| 11 | but I am not sure. | | | | | | |
| 12 | Q. All right. And how long did | | | | | | |
| 13 | you continue sitting beside Justin Cook's bed holding | | | | | | |
| | the other baby? | | | | | | |
| 14 | A. Until I noticed there was | | | | | | |
| 15 | difficulty with Justin. | | | | | | |
| 16 | Q. All right. Now, we know from | | | | | | |
| 17 | your note that that occurred at about 3:45? | | | | | | |
| 18 | A. Right. | | | | | | |
| 19 | Q. Again page 29 of the chart: | | | | | | |
| 20 | "Baby settled well after 2:30 feeding, | | | | | | |
| 1 | rested comfortably until about 3:45". | | | | | | |
| 21 | When you made the observation that his hands were | | | | | | |
| 22 !! | more cyanosed? | | | | | | |
| 23 | A. Right. | | | | | | |
| 24 | | | | | | | |



| | ANGUS, STONEHOUSE & CO. LTD. |
|---|------------------------------|
| 1 | |

| 1 | |
|----|--|
| 2 | Q. There was sufficient available |
| 3 | light in the room for you to be able to detect the |
| 4 | colour in the baby's hands? |
| 5 | A. That's right. |
| | Q. And what did you do? |
| 6 | A. I called out for Mrs. Trayner. |
| 7 | Q. Right. Did she come into the |
| 8 | room? |
| 9 | A. Yes, she did. |
| 0 | Q. Did anyone come with her? |
| 1 | A. Lynn Johnstone came with her |
| 2 | and I believe Bertha Bell came shortly after, if |
| | not at the same time. |
| .3 | Q. All right. Can you tell us |
| 4 | what then happened? |
| 5 | A. I asked them if they thought |
| 6 | that Justin looked bluer and they said yes, so, we |
| 7 | increased the oxygen and while we were sort of |
| 8 | standing there observing him he began to seize. |
| 9 | Q. And you then observed the |
| 1 | matters that are noted in the balance of your nursing |
| 0 | note on page 29? |
| 1 | A. Right. I must say too that |
| 2 | I still had the baby that I was feeding or comforting. |
| 3 | Q. Yes. |
| 4 | |



ANGUS, STONEHOUSE & CO. LTD.

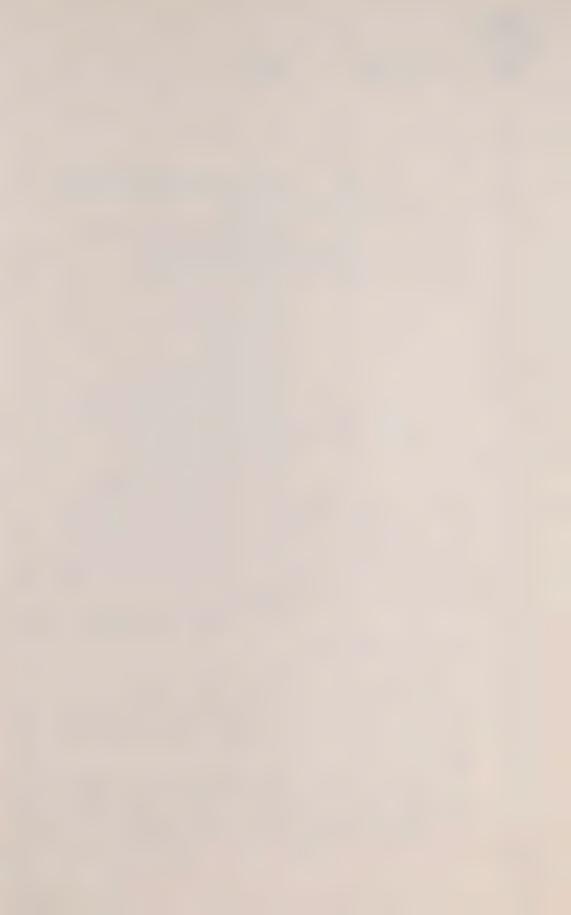
TORONTO, ONTARIO

| RMBE | |
|---|-----|
| 1 | |
| 2 | |
| 1 2 3 4 5 | to |
| 4 | |
| 1 2 3 4 5 | se: |
| 6 | |
| 7 8 9 10 11 12 13 14 15 | |
| 8 | |
| 9 | |
| 10 | I] |
| 11 | |
| 12 | |
| 13 | or |
| 14 | and |
| 15 | pho |
| 16 | way |
| 7 8 9 10 11 12 13 14 15 | of |
| 18 | |
| | |
| 20 | |
| 21 | bed |
| 19 20 21 22 23 24 | |
| 23 | goi |
| 24 | Q1 |

| Α. | | And | | Janet | Brownless | came | and | | |
|-----|------|-------|-----|-------|-----------|-------|-----|--|--|
| ook | that | child | out | of | my | arms. | | | |

- All right. Now, when the Q. izuring started was a doctor summoned?
 - Yes. A.
 - Who came? 0.
 - Dr. Kantak. A.
 - And what did he do? Q.
- He observed the child and then A. believe he went and phoned Dr. Jedeikin.
 - Yes, and then what? Q.
- I'm not sure of the exact Α. I know that he gave one dose of propranolol d I think maybe he did that before he went and oned Dr. Jedeikin but it could have been the other y around, I can't remember exactly.
- Now, is that an IV administration the propranolol?
 - Α. Yes, it was.
 - Where did he get that drug? Q.
 - A. I believe from the end of the

0. And then you think he may have ne and called Dr. Jedeikin. He came back and, what d you say, administered more propranolol?



| a Bir |
|--------|
| (A) |
| |
| WEMBER |
| |

| | _ |
|----|---|
| 1 | |
| 2 | A. I think that when he spoke to |
| 3 | Dr. Jedeikin, Dr. Jedeikin suggested to him that he |
| 4 | administer - he observe the child and then if that |
| 5 | first dose of propranolol wasn't working that to |
| 6 | give him another dose and then consider using |
| 7 | atropine and then morphine. |
| 8 | Q. All right. And Dr. Kantak did |
| | administer a second dose of propranolol? |
| 9 | A. I believe he did, yes. |
| 10 | Q. Also intraveneously? |
| 11 | A. I think so, yes. |
| 12 | Q. Do you know where that |
| 13 | medication came from? |
| | A. Again, I think it was the end |
| 14 | of the bed but I can't be sure because by then, by |
| 15 | this time I am sure the cart had been brought into |
| 16 | the room. |
| 17 | Q. Who brought the cart into the |
| 18 | room? |
| 19 | A. I think Bertha Bell. |
| 20 | Q. And the two doses of propranolo |
| 21 | did not seem to help the baby? |
| 21 | A. I thought initially it was and |
| | |

Q. All right.

then it did not.

23

24



| 1 | | | |
|---|---|--|--|
| 1 | | | |
| 1 | 4 | | |
| | | | |
| | á | | |

4

5

6 7

8

9

10

11

12

13

14

15

16 17

18

19

20

21

22

23

24

| - | , | ۵ |
|---|---|---|
| | | |
| 2 | | - |

| A. F | He : | still | had | an | apex | though |
|------|------|-------|-----|----|------|--------|
|------|------|-------|-----|----|------|--------|

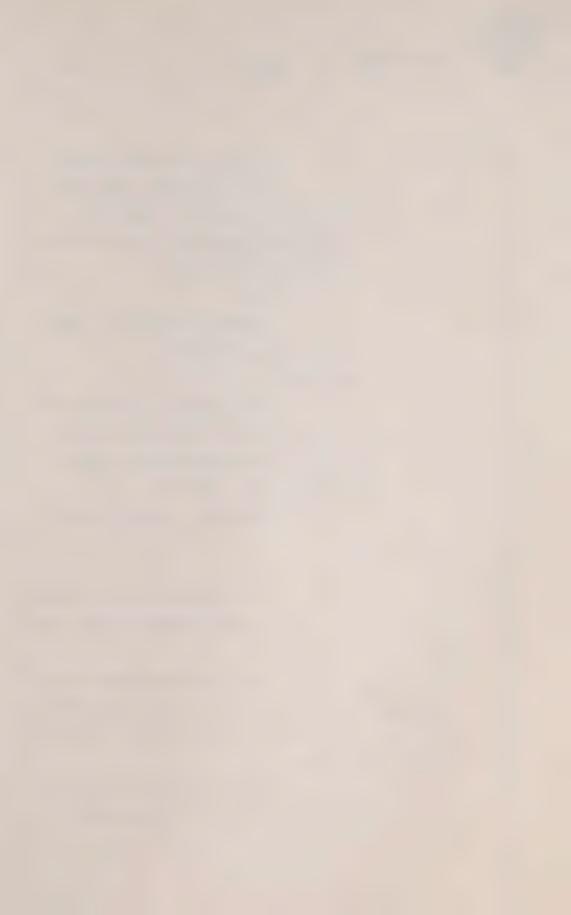
- Q. Yes. You record then about seven or eight lines from the end of your note: "The baby's apex then began to dip and was approximately 72."
 - A. Right.
 - "Atropine was given at this 0. point with good effect."

Who gave the atropine?

- Again, either I am not sure if Dr. Jedeikin had arrived at this time, I don't think so, I think Dr. Kantak administered these drugs on the request of Dr. Jedeikin.
- Q. All right. And you say "And then morphine".
 - A. Right.
 - "Dr. Jedeikin arrived and made Q. arrangements for the baby to go to the ICU."

By this time, was there anyone else in the room. We've got you and we've got Mrs. Trayner, Mrs. Bell, Lynn Johnstone and Dr. Kantak. Was there anyone else there?

- I don't really know. A.
- Q. All right. Do you recall



| | 0,1 |
|---------|-----|
| (F | 7 |
| WE M DE | 4 |

| | _ |
|----|--|
| 1 | |
| 2 | whether Kathy Coulson arrived at some point? |
| 3 | A. I remember her being there at |
| 4 | some point, I don't remember when she arrived. |
| 5 | Q. All right. But arrangements |
| | were made to get Justin Cook to the ICU? |
| 6 | A. Yes. |
| 7 | Q. And events I guess overtook |
| 8 | you and indeed there was an arrest at 4:20 was there |
| 9 | not? |
| 10 | A. Right. |
| 11 | Q. At that time the full team |
| 12 | arrived, the Arrest Team, and resuscitation efforts |
| | ensued and was unsuccessful. Again, you were there |
| 13 | throughout that resuscitation effort? |
| 14 | A. Yes, I was. |
| 15 | Q. And assisting in it? |
| 16 | A. Yes. |
| 17 | Q. The baby is pronounced dead |
| 18 | at 4:56 in the morning. |
| 19 | A. Right. |
| | Q. Do you recall that blood was |
| 20 | drawn from the baby during the course of resuscitation |
| 21 | A. Yes, I do. |
| 22 | Q. Is that unusual? |

A. No, it's not.



blood was --

2

1

3

4

5

8

9

10

11 12

13

14

15 16

17

18

19

20

22

24

Q. Did you know for what purpose

THE COMMISSIONER: I am sorry, it is unusual or it is not?

THE WITNESS: No, it is not.

THE COMMISSIONER: Fine.

MR. LAMEK: Did you know for what purpose blood was being drawn at that stage?

A. For blood gases.

Q. That was your understanding?

A. Yes.

Q. And it is I take it not uncommon for blood to be drawn for blood gases during resuscitation efforts?

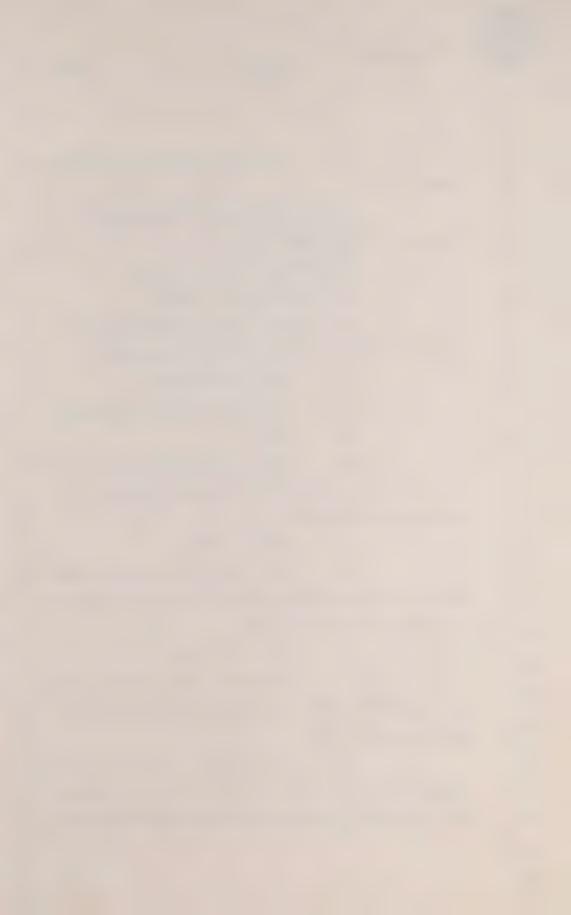
A. That's right.

Q. All right. So, the fact that blood was being drawn then didn't cause any question or comment at all from you?

A. No, it did not.

Q. All right. Are you also aware that blood was drawn from the child after he had been pronounced dead?

A. I believe so. I can't really remember that for sure. I recall that Dr. Jedeikin was instructed to take samples from the intravenous



| | 11 |
|-----|--|
| 1 | |
| _ | |
| 2 | |
| 3 | |
| | |
| 4 | : |
| - | |
| 5 | |
| 6 | |
| | |
| 7 | - |
| 0 | |
| ŏ | |
| 9 | |
| | - |
| 10 | |
| | - |
| 11 | |
| 12 | |
| | |
| 13 | |
| 1.1 | |
| 14 | |
| 15 | |
| | |
| 16 | |
| 17 | |
| 1/ | |
| 18 | |
| | |
| 19 | |
| 20 | |
| | 1 |
| 21 | |
| 12 | |
| 22 | And the state of t |
| 23 | |
| | - |

bag and that I assisted him in doing that. Q. All right.

ANGUS, STONEHOUSE & CO. LTD.

TORONTO, ONTARIO

And he could have taken a sample from the baby but I really don't remember.

Had you ever seen blood drawn from a child after the child had been pronounced dead?

No, I had not.

THE COMMISSIONER: I am sorry, it is just that you said that Dr. Jedeikin had been instructed - by whom?

THE WITNESS: By Dr. Fowler.

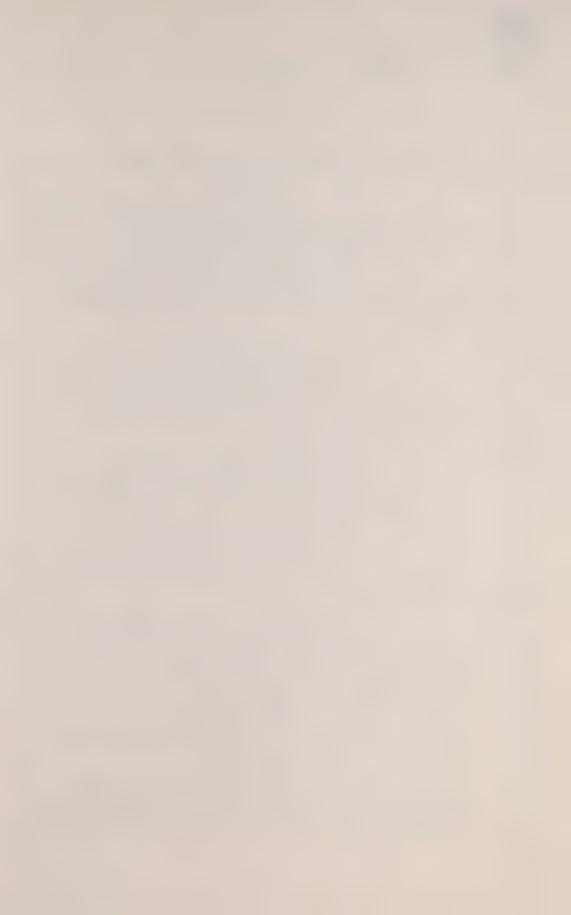
THE COMMISSIONER: Oh, Dr. Fowler was there at the time?

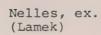
THE WITNESS: No, he was not, Dr.

Jedeikin had called Dr. Fowler to tell him that the baby had died.

MR. LAMEK: Q. And you understood from what Dr. Jedeikin then said that Dr. Fowler had said to him get samples from the IV?

- That's right. A.
- And you helped him to do that? Q.
- Yes, I did. A.
- But you do not recall now 0. whether he drew blood from the child after the death?







sure, no.

1 2

3

1.0

4 5

6 7

> 8 9

10

11 12

13

14

15 16

17

18 19

20

22

23

21

| 2 | 4 | |
|---|---|--|
| | | |

| A. | I | really | can't | remember | for |
|----|---|--------|-------|----------|-----|
| | | | | | |

- All right. Do you recall whether subsequently in that shift there was any discussion among the nurses on the floor about blood having been drawn from the child following the pronouncement of death?
 - I don't remember that, no.
- Okay. Did the parents arrive 0. after the child had died?
 - Just the father and an uncle.
 - And what did you do? Q.
- As I say, I first helped after Dr. Jedeikin had spoken with Dr. Fowler I went with him into the room and helped him get all of the intravenous equipment out of the garbage and helped him take the samples that he required from the IV solutions.
 - Yes.
- And then I proceeded to prepare the child for viewing by the parents. I believe it was at this time that Dr. Jedeikin came back and said that it was then that he said that I just want to say that I think this baby received excellent nursing care. The father and the uncle then arrived



2

4 5

6

7

8

10

11

12

14

15

16

17

18

1920

21

22

24

25

on the floor and at that time the father did not want to see his son and the uncle did. So, the uncle did go and see Justin and Dr. Jedeikin and I had talked to the father and the uncle and told them of what had transpired during the course of the night and then the father and the uncle left.

- Q. Okay. And did you take the baby down to the morgue?
 - A. Yes, I did.
- Q. What was your reaction to the death of Justin Cook?

MR. STRATHY: Just before we go on,
Mr. Commissioner. Is my friend, or is the witness
refreshing her memory and recollection from a
further...

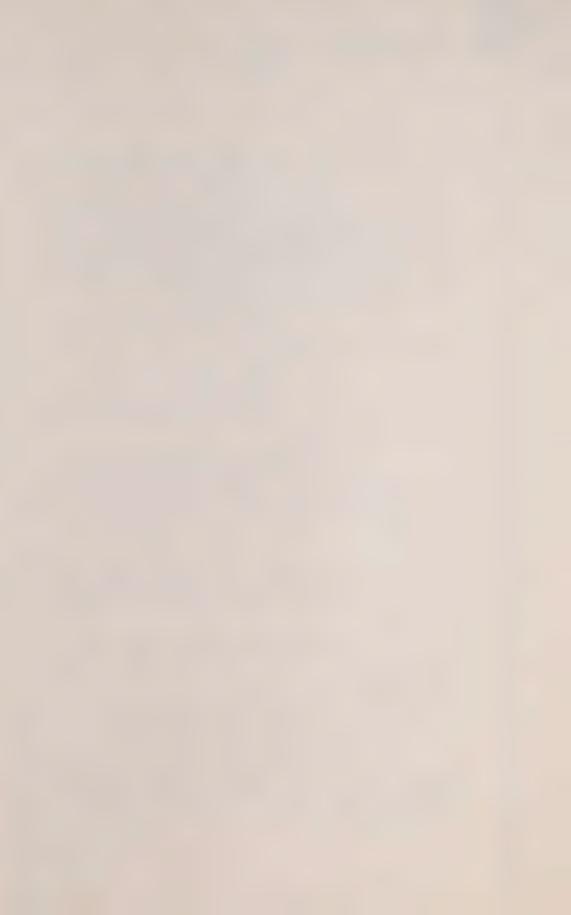
MR. LAMEK: No, I believe what Miss Nelles has in front of her is a copy of the chart, is it not?

MR. STRATHY: I wasn't sure. Thank you very much.

THE WITNESS: I am sorry.

MR. LAMEK: That's all right.

THE COMMISSIONER: No, I think you were invited to look at the chart, so, there is nothing wrong with that.



3

4

5

7

8

9

10

11

1213

14

15

16

17

18

19

20

20

21

22

2324

25

MR. LAMEK: Yes indeed.

MR. SOPINKA: Nothing sinister.

THE COMMISSIONER: No.

MR. LAMEK: Q. I think I had asked what was your reaction to the death of Justin Cook.

A. I was very upset.

Q. In light of what you knew of the child and his condition, in light of what you had observed in the early part of the shift were you at all surprised at his death?

A. No, I wasn't.

Q. Now, you subsequently learned of course that Justin Cook was found to have at the time of his death very high serum concentrations of digoxin?

A. Right.

Q. I take it that came as a considerable surprise to you?

A. I did not learn that until---

Q. The middle of the following

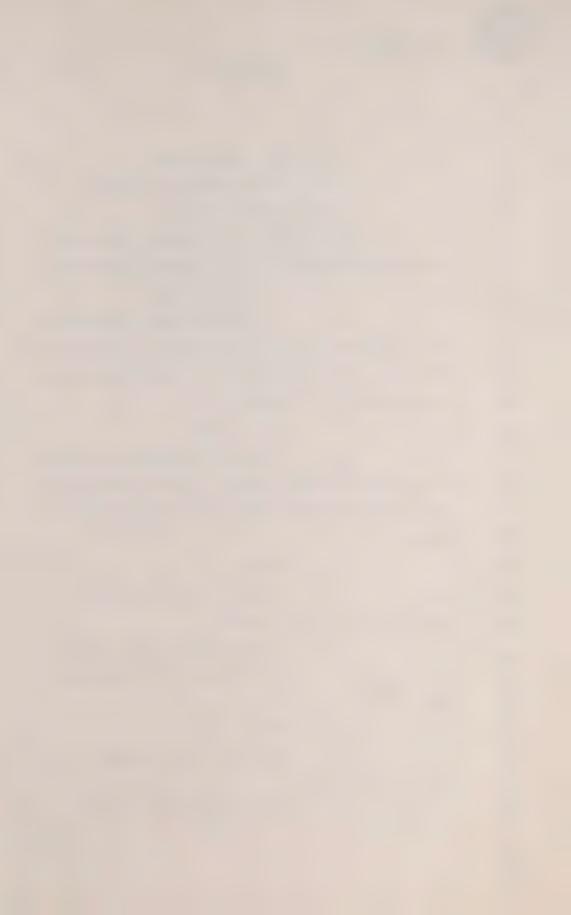
week?

A. That's right.

Q. Yes. When you learned it was

it a surprise to you?

A. It certainly was.



6

4

9 10

11 12

> 13 14

15

16 17

18

19 20

21

22 23

24

25

| | | | Q. | Did | you, | during | the | course | of |
|----|--------|-----|-------|---------|------|----------|-------|---------|-----|
| he | night | of | March | 21st/22 | nd a | dministe | er an | ny digo | xir |
| 0 | Justin | Cod | ok? | | | | | | |

No, I did not. A.

Or any medication other than 0. the propranolol for which you signed at midnight?

> No, I didn't. A.

Q. To your knowledge, did anybody else administer any medication of any kind to Justin Cook that night?

No, they didn't, other than A. what Dr. Kantak gave.

Yes, of course. And the arrest Q . drugs and all that sort of thing, yes.

> Α. Yes.

0. One other matter about those events. On Monday evening there was a meeting at the house of Mrs. Radojewski, do you recall that?

> A. Yes.

Q. And you told my friend Mr. Sopinka something of the discussion there as it related to the Pacsai child?

> Right. A.

Q. Is there anything more that you can recall of the discussion on the Monday



ANGUS, STONEHOUSE & CO. LTD

TORONTO, ONTARIO

14

2 3

1

4

5

6

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22 23

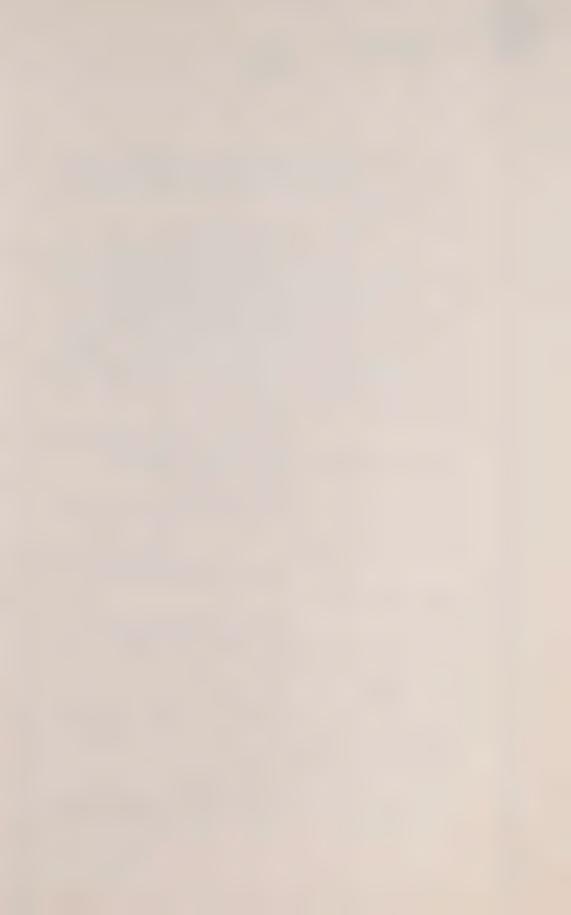
24

25

evening as it related to Pacsai, a possible cause of Pacsai's death, the impending inquest and that subject matter?

No, other than as I say I A. think every one at that meeting was aware that there was the possibility or that it appeared that an inquest was going to take place into the death of Kevin Pacsai and the discussion took place between Mary Jean Halpenny and myself as to the administration of his digoxin that night.

- Q. Was that the first opportunity that you had had to speak to Nurse Halpenny?
 - Α. That's right.
- Since learning of the problem 0. of digoxin in Pacsai?
- A. We had not worked together since that night.
- So, the first time you saw her was the Monday night at Mrs. Radojewski's house?
 - A. Right.
- And you took that opportunity to ask her if she remembered checking with you the dosage of drug for that baby?
 - Α. That's right.
 - Q. And she did say that she had



| | | • |
|--|--|---|
| | | 4 |
| | | |

15

3

4

5

6 7

8

9

10 11

12

13

14

15

16 17

18

19

20

21

22

23

so checked with you?

- Right. A.
- All right. Going back for the moment to the night Justin Cook died. During that shift do you recall at any stage seeing the curtains drawn around the baby's bed?
 - A. No, I do not.
- In particular, when you returned Q. from your second break at about 3:15 in the morning, do you remember whether the curtains were drawn around the bed at that time?
- I don't remember that they were, no.
- Would it be unusual to see 0. curtains drawn around a child's bed?
- Yes, it would. I certainly should clarify that. In an infant room such as this where you have a number of, well, certainly one child that requires constant care and five other children who are, oh, probably less than six months old.
 - 0. Yes.
- A. Then I would say that it would be unusual to have the curtains drawn around. I mean, they are there for a purpose.



DP/ak

- Q. What is the purpose?
- A. More so with the older children in maintaining privacy for them.
- Q. Excuse me just a moment. A couple of general questions in retrospect if I may, Miss Nelles. The chart of the Category A and B deaths that we have been referring to throughout your evidence discloses by my count, and I ask you to trust me with this, that you were on duty on Ward 4A for 15 deaths on Ward 4A. There were more than 15 deaths on that ward but you were on duty on the ward for 15 of them.
 - A. Yes.
- assigned to care for the patient on the night that he or she died and that I take it means that you had direct responsibility for that patient on the night of his or her deaths. For another three of the 15, that is to say Babies Gage, Warner and Gionas you were acting as team leader on the night the baby died. Mrs. Trayner was also there but those were the occasions we have already discussed. I take it on those nights you had an indirect responsibility for the child, you had responsibility for all of the children on those nights?



A. Right.

Q. Of the 15 deaths which occurred on the ward with you there, there was only one,
Baby Thomas, where you you had no responsibility direct or indirect for the child. You were neither team leader nor assigned to the care of that child.

Looking back over the sequence, did it ever occur to you that so many of the deaths for which you were present were deaths which involved you either directly as your patient or indirectly as team leader?

A. I don't recall really linking the deathsthat way. As I explained to you before, being the most senior person on the team, that when we had sick children that in all likelihood I would be the nurse assigned to that child and I remember - as I say I don't remember at the time of this linking them together and I certainly never made that observation before I was confronted with this sort of thing.

Q. Having now had that coincidence drawn to your attention, does any explanation for it occur to you?

A. No.

Q. You seem to have been

involved in responsibility of one kind or another



2 3

4

5 6

8 9

10

11 12

13

14

15

16

17

18

19 20

21

22

23

24

25

for so many of the children who died in your presence.

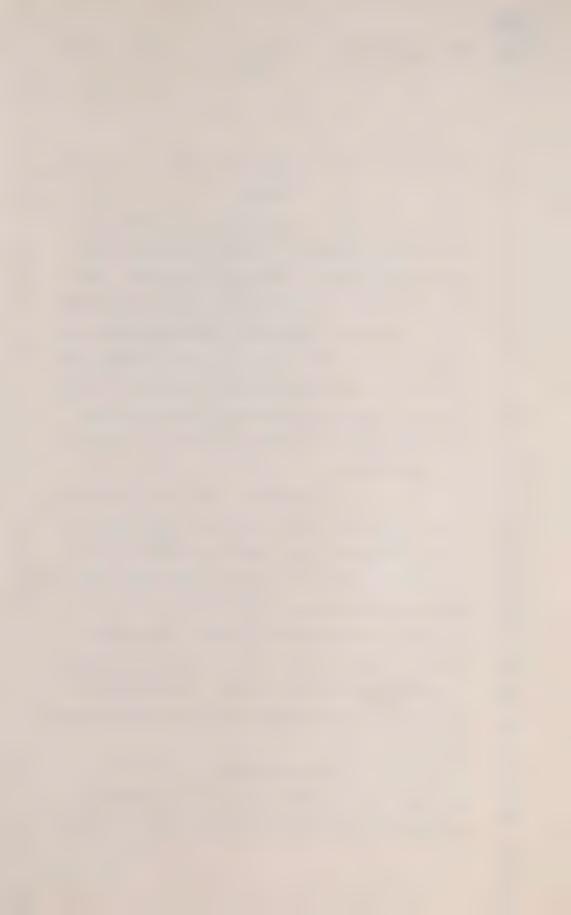
A. Right.

Let me ask you this by way of retrospective question. During the whole of the period from June 30, 1980 until March 22nd, 1981 did you see or hear or observe anything, any event, any circumstances, any pattern that was in any way suspicious or unusual or unexplained that may cast any light on the cause or causes of death of these children? Can you now recall anything which you now consider may have some bearing on the deaths of these children?

MR. SOPINKA: With the greatest of respect, this has been a very fair examination but I don't think that is a very fair question. She has given a number of instances which may or may not be considered suspicious. For my friend to ask that question over the period of time it happened is really not going to be of great assistance to you. I suppose he could ask if there is anything else that might help determining what the cause of death was.

> THE COMMISSIONER: I wonder,

Mr. Lamek, if you asked if she saw any physical act, because that would help us and would not offend



MR. LAMEK: All right.

THE WITNESS: I can't

any evidentiary principle.

THE WITNESS: I can't recall anything.

I think the only thing that I have already said and that I have thought about a lot is the Pacsai death, and that there were very significant changes in that child from the period that I last saw him and the period after I returned from the arrest of Manojlovich.

MR. LAMEK: Q. Recognizing the limitation upon your qualifications as you very properly pointed out to us in the course of your evidence, Miss Nelles, is it now your judgment that those changes were sufficiently drastic to suggest the possibility of some intervention in that child's course?

A. That has entered my mind, yes.

MR. LAMEK: Miss Nelles, thank you very much. Those are all my questions.

THE COMMISSIONER: Now, Mr. Strathy, what is your wish?

MR. STRATHY: In view of the hour,
Mr. Commissioner, I think I would prefer to start in
the morning.

THE COMMISSIONER: I'm going to do



whatever you want but if you ask my preference I would prefer that you started. Can you not get through some relatively - I am sure all your questions will be harmless - but some relatively harmless questions so we can at least get those out of the way.

MR. SOPINKA: I was going to suggest that he just ask the questions so we know what is coming and we will answer them in the morning.

MR. PERCIVAL: Mr. Commissioner, have you given any thought to whether we are going to be sitting Friday or otherwise?

some thought to it but I have not reached a decision. I think probably not. I was very much worried about the accommodation problem but a lot of that has been solved. I think we are going to have another room for the overflow and I think the overflow is reducing. So I am not as worried as I was before. The only thing is, if we were very close to finishing with Miss Nelles and just a couple of hours on Friday would do it, I think we should try. You are not in trouble on Friday are you?

MR. PERCIVAL: No, I would just like to plan Friday if I can.



THE COMMISSIONER: I'm just worried about Mr.Sopinka now.

MR. SOPINKA: No, I am committed to this until Miss Nelles finishes her testimony but she would like to get back to work and if we are close to finishing it I would certainly like to urge you to sit on Friday. So I think it would be better if we did not make any hard and fast plans for Friday.

THE COMMISSIONER: We can consider tomorrow. Today is Tuesday. We can consider what the situation is tomorrow. I will take some kind of a poll at the end of the break tonight, or we could do it now. Now long do you think you will be, Mr. Strathy, all told?

MR. STRATHY: Under an hour, sir.

THE COMMISSIONER: Mr. Hunt?

MR. HUNT: I think several hours.

THE COMMISSIONER: Several hours.

Mr. Percival?

MR. PERCIVAL: The same,

Mr. Commissioner.

THE COMMISSIONER: I think that we will find ourselves probably then on Thursday night with quite a bit left. I may be wrong.





4 5

2.1

MR. SOPINKA: I may be able to shorten this. I was intending to save this until the end of the day, but I am going to be making a motion that the Attorney General and the Police have no status to cross-examine and, very simply put, the submission I made in the Court of Appeal was that if this Inquiry was an extension of a police investigation or a prosecution and it was unconstitutional, the respondents urgedthe Court of Appeal that it was not that, and in view of that I don't know what status the police have and the Attorney General has before this Inquiry.

THE COMMISSIONER: If nothing else, the status of precedent. We have been going at this thing for something like 10 months and although I heard something about a letter written by somebody to some other person about that status, nobody else has mentioned it to me until this very moment.

I concede that some of my former colleagues in the Court of Appeal may have heard something about it but nobody has told me, and that is the status. I cannot at this stage, it would be impossible to say that they have no status.

MR. SOPINKA: You have not heard of it from me because my client was not being





3

4

5

7

8

9

10 .

12

13

14

15

16

17

18

19

21

22

24

25

examined until now. I ordinarily do not argue other people's cases. This is in contrast to some other --

THE COMMISSIONER: I would have thought that if it applied to your client it applied to every witness. However --

MR. SOPINKA: In any event, I'm just giving notice that that is going to be my position.

THE COMMISSIONER: All right.

Can I give you notice that you have an uphill battle?

MR. SOPINKA: I'm grateful for that but even without that notice I surmised that might be case. I do point out that even the Supreme Court of Canada is not bound by its own precedents so I urge you to look at the matter afresh.

THE COMMISSIONER: I will think about it hard overnight. All right.

Now, Mr. Strathy, that has given you another 5 minutes grace.

CROSS-EXAMINATION BY MR. STRATHY:

Q. Miss Nelles, my name is Strathy. I represent Phyllis Trayner.

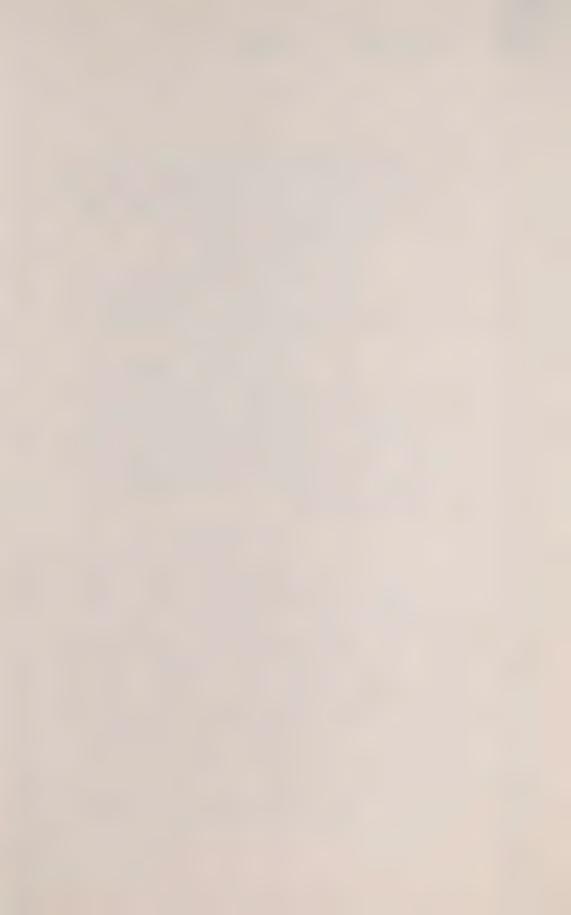
As I have your evidence, as I understand your evidence, apart from the one medication



4 5

error involving Kristin Inwood you are not aware of any improper administration of digoxin or any other drug to any one of the 36 children that are under review by this Commission? Is that so?

- A. That is true.
- Q. And do you include yourself in that observation as well as your colleages?
 - A. That is right.
- Q. And further in respect to what you have just said to Mr. Lamek at the end of his examination in chief, the only event that you can point to that gives you particular concern is the change in the condition of Pacsai after you went back to the child?
 - A. That is right.
- Q. And no doubt in the course of the preparation, assisting your counsel at the preliminary hearing, in the course of assisting your counsel in the preparation for this Commission, in the course of reviewing this thing as I'm sure you must have done time and again in your head, you have searched for some memory or some event that would give you or your counsel help, and this is as far as you can take us.
 - A. That is right.



- Q. Now, there is evidence before the Commission, I'm sure you have read it in the newspapers or seen it in the news, about your relationship with Phyllis Trayner, my client.
 - A. Right.
- Q. And as I have followed your evidence I have heard reference to only three incidents which would suggest there was anything at all untoward or difficult in your relationship.

 It was your evidence about the disagreement concerning the Baby Dawson arrest; there was the incident concerning Gage when you were concerned that Phyllis may have taken over from you in the course of the arrest and there was also the disagreement about the pacemaker for Hines. Am I correct in that?
- A. Those were my specific recollections but in approaching Mrs. Radojewski in October I think it was an accumulation of things that had made me go and speak to Liz.
- Q. Would it be fair to say the things that developed were perhaps events that are bound to transpire in the close sort of relationship that you had with Phyllis as a team leader? In other words, let me put it to you this way. As I understand your evidence and let us take the time



| 1 | | |
|---|---|---|
| 1 | | ı |
| - | n | ı |
| | 4 | b |
| | | |

4

6

5

7 8

9

10

11

13

14

15

16

17

18

19 20

21

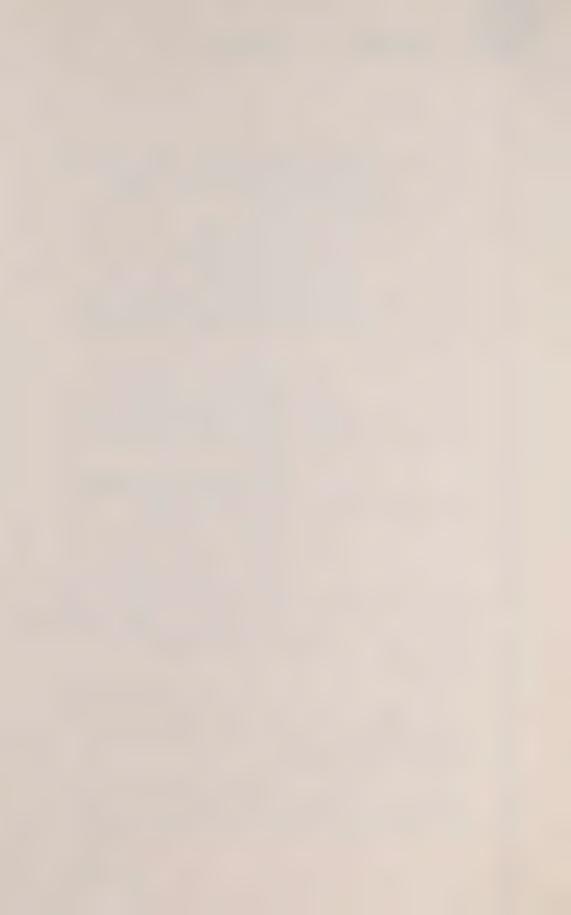
22

24

25

that you started with the team in June, let us say up until the end of December it was a fairly tumultous time for everyone.

- A. Yes, it was.
- Q. To be fair to you, your coming on to the team as a new member and to be fair to Phyllis she was relatively new as a team leader?
 - A. Right.
- Q. You were working in a difficult atmosphere dealing with sick children.
 - A. Yes.
- Q. And obviously some children died during that period, as we have seen.
 - A. Right.
- Q. Would it be fair to say that the type of problem that you had with Phyllis that you went to see Mrs. Radojewski about were the type of problems of working out your relationship together?
- A. Yes, but I had not had the difficulties with other team leaders and I had worked with a few others.
- Q. Were they the sort of difficulties that had you and Phyllis at each



| | 4 | ı | |
|--|---|---|--|
| | ı | Ŀ | |
| | | | |
| | | | |
| | | | |

3

5

6

8

9

1.1

12

13

14

15

16

17

18

19

20

21

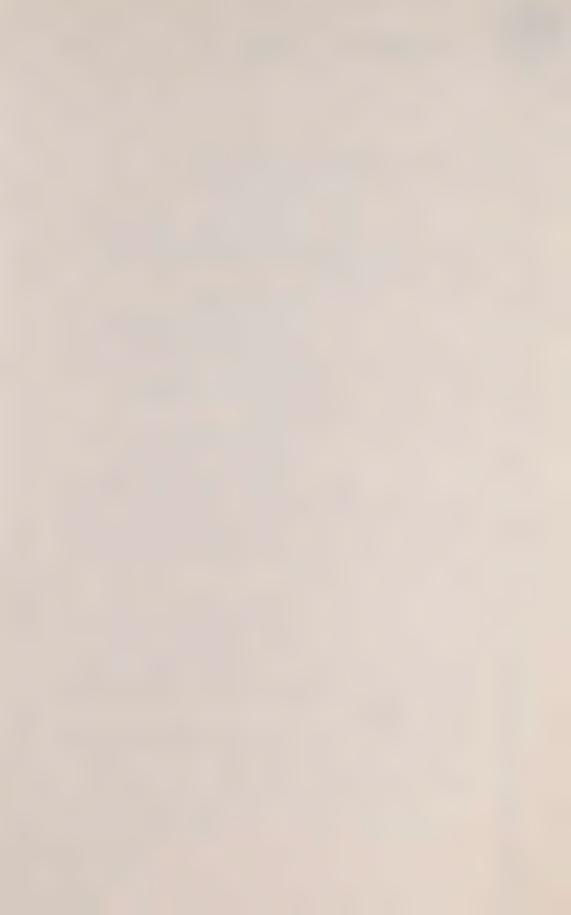
23

24

25

other's throats day in and day out?

- A. Not at all.
- Q. I take it that there were days then when you got along fine and days when there were incidents?
 - A. That is right.
- Q. I think you mentioned that after discussing the matter with Phyllis you were able to work out a more peaceable collegial relationship. Is that fair?
 - A. Things improved, yes.
- Q. Dealing with those three incidents that you mentioned in the course of your evidence, first of all the Dawson, as I understand that, the dispute was over whether you should call a 23 or 25. Is that so?
 - A. That is right.
- Q. And I gather that Dawson was really your second arrest situation certainly on the team. It was the second arrest that you had on the team?
- A. I believe there was one other on 4B but actually on 4A, yes.



2

3

4

5

HH DM/PS

0. Now, at that time, what was your understanding of, and I stress at that time, what was your understanding of when one should call a 23 and when one should call a 25?

It was my understanding that when a child was showing signs of difficulty that a 23 was a code that was used to get the doctor as soon as possible. A Code 25 meant that the child's heart rate had ceased.

Q. So it was your understanding that one would not call a Code 25, in other words, call for the arrest team until there had actually been a cessation of the heart rate?

A. That's right.

Is that still your understanding, that you would have to wait for cessation of the heart rate to call a 25?

Yes, it is. In fact, I recall Α. specifically asking, I believe it was Dr. Schaffer, if CPR was initiated; usually as I say, if a Code 25 is called then cardiac massage, cardiac compressions and the whole CPR regime is started. I recall asking Doctor, I believe it was Dr. Schaffer, if there could be consequences that could develop out of starting CPR, or particularly heart compressions

6 7

8 9

10 11

12

13

14

15

16

17

18

19

20

21 22

23

24

25



б

before the heart had stopped, and he said, yes, very serious ones.

- Q. Yes, that would be my understanding too, that while the heart is still going you would not start external cardiac massage.
 - A. Right.
- Q. But my question, and perhaps I am not phrasing it correctly, I understood a Code 25, not necessarily to be starting the CPR but in effect calling for the arrest team, am I right on that?

 In other words, when you call a Code 25 you are really saying to the switchboard, get an arrest team down here.
- A. Well, someone does make that call, yes. But when you say call a 25, my understanding is that the baby has ceased, has a heart rate of zero.
- Q. Well, based on what you now know wouldn't it be possible to call a 25 to get the arrest team there without actually starting CPR?
- A. No. I would call a 23 because if the baby had not ceased, if its heart rate had not ceased, then I would call a 23 to get a physician as soon as possible, and when I needed the arrest team, I mean arrest means that he had stopped, that



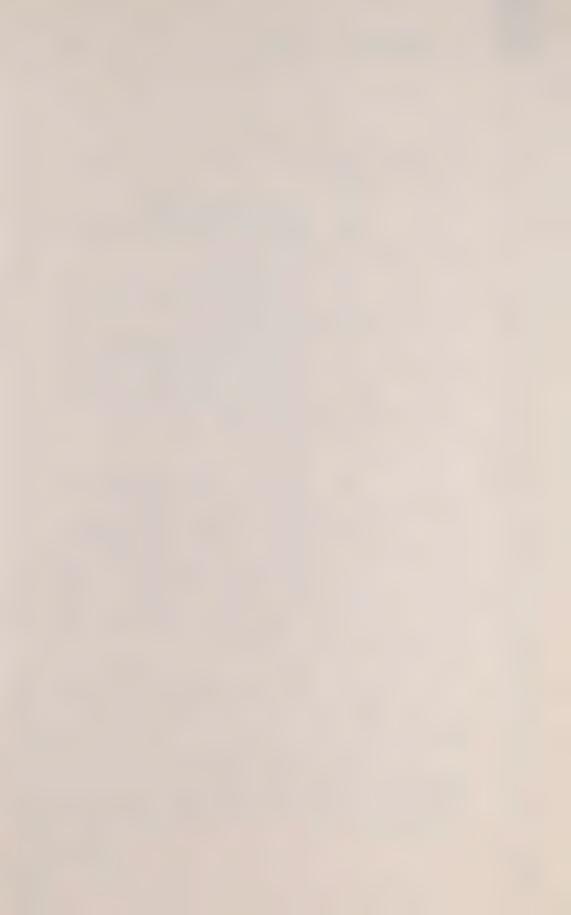
a child has arrested.

- Q. So your feeling then with respect to Dawson was that you should not call the arrest team because the heart was still going?
 - A. That's right.
- Q. Phyllis' feeling at the time, I take it, was that the arrest team should be called.
 - A. That is my understanding, yes.
- O. Was she suggesting to you at the time or did she in fact start a CPR on that child?
- A. I don't remember. My recollection is that I wanted to call a 23 and she wanted to call a 25, and that the events, the baby's condition warranted a stop of the discussion because she did arrest.
- Q. Before the arrest though you don't recall the starting of CPR.
 - A. I don't remember.
- Q. And as you say events overtook, the baby's heart stopped and you called a 25.
 - A. Yes.
- Q. Do you think it is possible that as between you and Phyllis at that time, that is the time of the arrest, Phyllis was perhaps a little bit more uncertain what should be done and therefore she



was prepared to err on the side of caution and call the arrest team?

- A. Well so was I then.
- Q. Except you didn't want to call the arrest team.
- A. I wanted to call a 23 because I felt the baby had not arrested.
- Q. Do you think in terms of your dealing with Phyllis at that time, let us say in July and August, that she was perhaps a little less sure of herself than you were?
 - A. No.
- Q. Now then, the Gage incident in September where you were team leading, if you will. As I understood your evidence it was simply a bit of a concern on your part that in terms of interpersonal feelings Phyllis should have been a little bit more sensitive to the fact that you were ostensibly the team leader, is that fair?
 - A. Yes.
- Q. So to be really fair it was no big deal, was it?
- A. I don't recall that that specific incident was a particular big deal, but it did warrant in the end, I think it added to the fact the



reasons for why I confronted Liz with the problem.

- Q. Looking at it from her side of things, as team leader, it would be her responsibility to in effect lead the nurses at an arrest, is that so?
 - A. Right.
- Q. And there might be a good reason why she in September, after being team leader for only a few months, would be reluctant to in effect step aside and let somebody else do it, looking at it from her point of view.
 - A. Could be, yes.



have been.

1

2 3apr84 HH2.1 DMrc 3

5

6

4

7

8

9

10 11

12

13

14

15

16

17

18 19

20

21

22

23

25

24

| | Ω_{\bullet} Th | en dealing | with the | : |
|--------------------|-----------------------|-------------|----------|---------|
| Hines baby. With | respect | to the pace | emaker I | was not |
| clear on one aspec | ct of you | r evidence | . Do you | recal |
| that it was you wh | no actual | ly went to | get the | pace- |
| maker? | | | | |

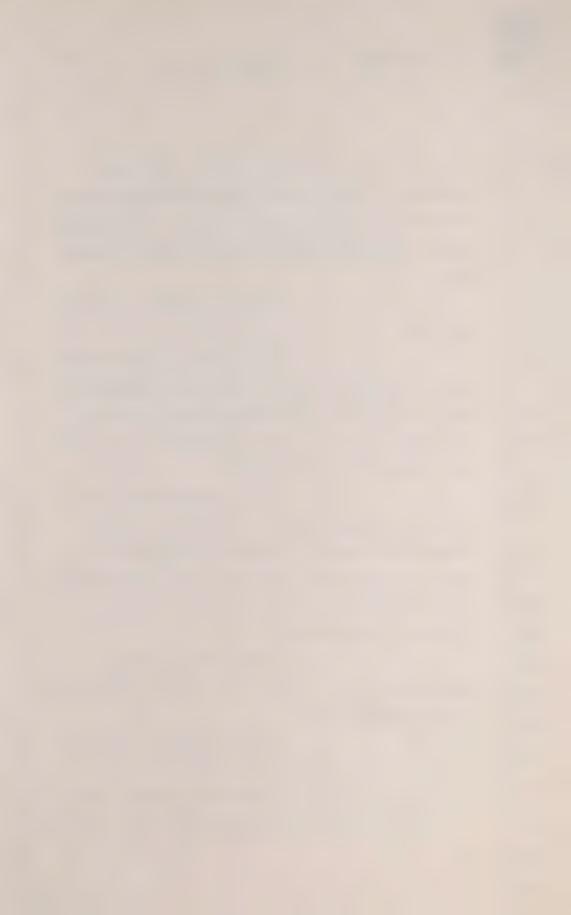
I don't remember. It could Α.

If I were to suggest to you 0. that it was you and that in fact what happened was that you went to get the pacemaker but you didn't bring back the wires or the attachments to it, would that refresh your memory at all?

It is my recollection that Α. it was the wrong pacemaker. There are, I forget exactly but I believe sequential pacemakers and I forget what the other ones are called, and I believe I brought the wrong one, or whoever did go and get it brought the wrong one.

Just looking at your 0. memory of this, is it fair to say that it was probably you that went to get it?

- I can't remember who it was. A .
- It may have been you? 0.
- It may have been me, yes. A.
- And once again I take it that Ω .



Nelles cr.ex. (Strathy)

HH2.22

it was, whatever it was, a simple mistake that could arise, I suppose, partly due to uncertainty as to what the doctor wanted?

- A. That's right.
- Ω . And once again, no particular big deal in retrospect?
 - A. I don't think it was, no.

THE COMMISSIONER: I will release you, if you would like, at this point from any obligation to carry on. If this isn't a good time, go ahead.

MR. STRATHY: Let me just ask one other area, Mr. Commissioner, if I may.

THE COMMISSIONER: Yes.

MR. STRATHY: Q. At the very beginning of your evidence, or close to the beginning of your evidence, Mr. Lamek put a question to you which I won't try and paraphrase but, in effect, he said to you, were there times when you were concerned over the deaths. I think you gave him two times, one was in August when you went on holidays and one was in March.

- A. Right.
- Q. Looking back at all of this, do you recall July and early August and March as being



нн2.3 2

3

5

6

7

8

9

11

12

13

14

15

16

17

18 19

20

21

22

23

2425

the two times that really stand out in your mind?

- A. Yes.
- Ω . And would it be fair to say, looking back on your evidence, that you have reasonably good recall of the babies and the events in March and much less recall of the babies and the events in July and early August?
 - A. Very much so, yes.
- Ω . I don't suppose that is too hard for anyone to understand, back in early July and August you had no idea that anything like this would be happening.
- A. Right, and I think that the events in the middle of March, it was much more important for me to remember or to try and remember.
- Ω_{ullet} As we have seen, you made an effort then to write down or keep track of --
 - A. Very soon after, yes.
- Q. With the babies that you were dealing with and in charge of in July and early August, is there a particular reason why the events don't stand out in your mind or is it simply that, apart from the charts, there is little that you are likely to recall?
 - A. I think it is just too long



HH2.4

ago and I think the things that I recall were that we had a period where we had a number of very sick children.

MR. STRATHY: Thank you.

Maybe we could break at this

stage.

THE COMMISSIONER: Yes. Until

ten o'clock tomorrow morning.

--- whereupon the hearing was adjourned at 4:30 p.m. until Wednesday, the 4th day of April 1984, at 10:00 a.m.



